SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 20 AM 9:03

DOCUMENT # **499677** **(3)**

1. Corporation Name
REEVES INSULATION, INC.

Principal Place of Business	Mailing Address
4704 EDISON AVENUE JACKSONVILLE FL ~~32205~~	4704 EDISON AVENUE JACKSONVILLE FL ~~32205~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1976	3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-1662915	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) 32254 County (25)	Zip (29) 32254 County (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAROCCA, ROBERT A. 1525 RIVERGATE DR. JACKSONVILLE FL 32223	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12846 BRADY ROAD 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	LAROCCA, ROBERT	12 NAME		
STREET ADDRESS	~~1525 RIVERGATE DR~~	13 STREET ADDRESS	12846 BRADY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		21 TITLE	V (OF OPERATIONS)	☐ Change ☒ Addition
NAME		22 NAME	LAROCCA, JUDITH C.	
STREET ADDRESS		23 STREET ADDRESS	12846 BRADY ROAD	
CITY-ST-ZIP		24 CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		31 TITLE	V (OF CONSTRUCTION)	☐ Change ☒ Addition
NAME		32 NAME	LAROCCA, ROBERT A., JR.	
STREET ADDRESS		33 STREET ADDRESS	7830 ROCKY FORT TRAIL	
CITY-ST-ZIP		34 CITY-ST-ZIP	~~JACKSONVILLE FL 32211~~	
TITLE		41 TITLE	S/T	☐ Change ☒ Addition
NAME		42 NAME	STEARMAN, ELIZABETH	
STREET ADDRESS		43 STREET ADDRESS	12746 FLYNN FOREST DRIVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. LaRocca Jr. ROBERT A. LAROCCA, SR. JUNE 16, 1995 (904)387-5297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004107 CP