

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90032 019 \*\*\*150.00

DOCUMENT # 499677

1. Corporation Name  
REEVES INSULATION, INC.

Principal Place of Business  
4704 EDISON AVENUE  
JACKSONVILLE FL 32254  
US

Mailing Address  
4704 EDISON AVENUE  
JACKSONVILLE FL 32254  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1976

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7028 Davis Creek Rd

Suite, Apt. #, etc.

22 City & State

23 Jacksonville FL

24 Zip 32254 25 Country

2a. Mailing Address

26 7028 Davis Creek Rd

Suite, Apt. #, etc.

27 City & State

28 Jacksonville FL

29 Zip 32254 30 Country

9. Name and Address of Current Registered Agent

LARocca, ROBERT A.  
12846 BRADY RD  
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

TITLE PD ☐ DELETE

NAME LARocca, ROBERT

STREET ADDRESS 12846 BRADY RD

CITY-ST-ZIP JACKSONVILLE FL

TITLE VOO ☐ DELETE

NAME LARocca, JUDITH C

STREET ADDRESS 12846 BRADY RD

CITY-ST-ZIP JACKSONVILLE FL

TITLE VOC ☐ DELETE

NAME LARocca, ROBERT A

STREET ADDRESS 10605 QUAIL RIDGE DR

CITY-ST-ZIP ST AUGUSTINE FL

TITLE ST ☐ DELETE

NAME STEARMAN, ELIZABETH

STREET ADDRESS 12062 ACORNSHELL WAY

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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