FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **523952** **(0)**

1. Corporation Name
SUNCOAST INSULATION MFG. CO.

Principal Place of Business	Mailing Address
~~7114 N. 30TH ST.~~ ~~TAMPA FL 33610~~	~~7114 N. 30TH ST.~~ ~~TAMPA FL 33610~~

3. Date Incorporated or Qualified: 01/17/1977
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business
21 905 E.M.L.King Jr.Dr.
Suite, Apt. #, etc
22 Suite 400
City & State
23 Tarpon Springs, Fl
Zip 24 34689 Country 25 Pinellas

2a. Mailing Address
26 905 E.M.L.King Jr.Dr.
Suite, Apt. #, etc
27 Suite 400
City & State
28 Tarpon Springs, Fl
Zip 29 34689 Country 30 Pinellas

4. FEI Number: 59-1715609 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

VINCELLI, ALFRED J.
~~7102 N. 30TH ST.~~
~~TAMPA FL 33610-8106~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 905 E. M.L. King Jr. Dr.
83 Suite 400
84 City Tarpon Springs FL 85 Zip Code 34689

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 _____ (If this Registered Agent Signature is required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VINCELLI, ALFRED J 7102 N 30 ST TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	XX Change ☐ Addition 905 E. M.L.King Jr. Dr. #400 Tarpon Springs, Fl 34689	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MCDONNELL, DENNIS F 7102 N. 30TH ST. TAMPA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	XX Change ☐ Addition 905 E. M.L.King Jr. Dr. #400 Tarpon Springs, Fl 34689	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (12/95)

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: Alfred J. Vincelli 4-25-96 813-938-7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Alfred J. Vincelli — President — DATE — TELEPHONE NUMBER

0450525 FP