FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **629619** **(8)**

1. Corporation Name
HOLLIMYER INSULATION, INC.

Principal Place of Business	Mailing Address
1534 HENDRY STREET - Suite #201 FORT MYERS FL 33901-2965	1534 HENDRY STREET - Suite #201 FORT MYERS FL 33901-2965

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1979
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1534 Hendry St.	26 1534 Hendry St.
Suite, Apt. #, etc. 22 Suite #201	Suite, Apt. #, etc. 27 Suite #201
City & State 23 Fort Myers, FL 33901	City & State 28 Fort Myers FL 33901
Zip / Country 24 33901-2965 / 25 Lee	Zip / Country 29 33901-2965 / 30 Lee

4. FEI Number: 59-1957194 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART, WILLIAM L. 1534 HENDRY STREET FORT MYERS FL 33901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite #201 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CLARK,HUGH A.,JR.	12 NAME	
STREET ADDRESS	896 CYPRESS LK.CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, RUTH J.	22 NAME	
STREET ADDRESS	896 CYPRESS LK. CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	CLARK, HARVEY A.	32 NAME	
STREET ADDRESS	896 CYPRESS LK. CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL	34 CITY ST ZIP	
TITLE	Assistant Secretary	41 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME	William L. Stewart	42 NAME	William L. Stewart
STREET ADDRESS	1534 Hendry St. #201	43 STREET ADDRESS	1534 Hendry Street #201
CITY ST ZIP	Fort Myers, FL 33901-2965	44 CITY ST ZIP	Fort Myers, FL 33901-2965
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	

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: Hugh A. Clark Jr. 2/7/95 (813) 332-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hugh A. Clark, Jr.

Date Daytime Phone Number

CP