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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **629619**

1. Corporation Name
HOLLIMYER INSULATION, INC.

Principal Place of Business	Mailing Address
1534 HENDRY ST. SUITE 201 FORT MYERS FL 33901 US	1534 HENDRY ST. SUITE 201 FORT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/13/1979

4. FEI Number: 59-1957194 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~STEWART, WILLIAM L.~~
1534 HENDRY STREET
SUITE 201
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: William A. Keyes JR
82 Street Address (P.O. Box Number is Not Acceptable): 1534 Hendry St.
83: Suite 201
84 City: Ft. Myers FL 85 Zip Code: 33901

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: William A. Keyes Jr. — 26 Feb. 99
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	P	☒ DELETE	1.1 TITLE	PST	☐ Change ☒ Addition
NAME	CLARK,HUGH A.,JR.		1.2 NAME	Clark, Michael A.	
STREET ADDRESS	896 CYPRESS LK.CIRCLE		1.3 STREET ADDRESS	6441 Metro-Plantation Rd.	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	Ft. Myers FL 33912	
TITLE	ST	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, RUTH J.		2.2 NAME		
STREET ADDRESS	896 CYPRESS LK. CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	CLARK, HARVEY A.		3.2 NAME	Clark, Harvey A.	
STREET ADDRESS	896 CYPRESS LK. CIRCLE		3.3 STREET ADDRESS	6441 Metro-Plantation Rd.	
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP	Ft. Myers FL 33912	
TITLE	AS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, WILLIAM L.		4.2 NAME		
STREET ADDRESS	1534 HENDRY ST., #201		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Harvey A. Clark — Harvey A. Clark — vice-president — 2/26/99 — 941 939 4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #