

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

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **685442** (6)
1. Corporation Name
SANTA FE INSULATION, INCORPORATED

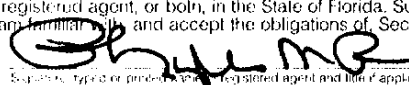


Principal Place of Business 225 E ANDREWS ST STARKE FL 32091 US	Mailing Address 1105 W MADISON ST STARKE FL 32091-3072 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1980	3a. Date of Last Report 03/07/1996
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2025264	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COOPER, JOHN S. 100 W. CALL ST. STARKE FL 32091				10. Name and Address of New Registered Agent	
				81 Name Phyllis M. Rosier, P.A.	
				82 Street Address (P.O. Box Number is Not Acceptable) 100 West Call Street	
				83	
				84 City Starke	85 Zip Code FL 32091

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 **4-14-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	HEAPE, CAROL <input checked="" type="checkbox"/> DELETE	1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HEAPE, CAROL		1.2 NAME Heape, Carol	
STREET ADDRESS 1105 W MADISON ST		1.3 STREET ADDRESS 1105 W. Madison Street	
CITY-ST-ZIP STARKE, BRADFORD, FL 00000		1.4 CITY-ST-ZIP Starke, FL 32091	
TITLE P <input type="checkbox"/> DELETE		2.1 TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME HEAPE, WALTER E		2.2 NAME Heape, Walter E. Jr.	
STREET ADDRESS 1105 W MADISON ST		2.3 STREET ADDRESS 4114 SW 154 Street	
CITY-ST-ZIP STARKE, BRADFORD, FL 00000		2.4 CITY-ST-ZIP Archer, FL 32618	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE Secretary / Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		3.2 NAME Lichtenberger, Louise	
STREET ADDRESS <input type="checkbox"/> DELETE		3.3 STREET ADDRESS 2679 NW 205 St.	
CITY-ST-ZIP <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP Lawtey, FL 32058	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> DELETE		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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.

SIGNATURE:  DATE: **Apr. 14, 1997** 904-964-5641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)