

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

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 811775 (6)**  
 Corporation Name  
**BONITZ INSULATION COMPANY OF ALABAMA**



**1. Principal Place of Business**      **Mailing Address**  
 2678 QUEENSTOWN ROAD      2678 QUEENSTOWN ROAD  
 PO BOX 88      PO BOX 88  
 ALTON AL 35015      ALTON AL 35015-0088  
 US      US

**2. Principal Place of Business**      **2a. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
 04/03/1957      04/24/1996

**4. FEI Number**      Applied For  
 63-0367781      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**  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City      **85** Zip Code  
 FL

**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 |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CD PRICE, HUNTER J., JR.        | 1.2 NAME  |   |
| STREET ADDRESS             | 2405 CHESTNUT ROAD              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BIRMINGHAM AL                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PD PRICE III, HUNTER J.         | 2.2 NAME  |   |
| STREET ADDRESS             | 2678 QUEENSTOWN RD.             | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ALTON AL                        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ST GILLEY, ROBERT K. (ASST)     | 3.2 NAME  |   |
| STREET ADDRESS             | 2678 QUEENSTOWN RD.             | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ALTON AL                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |   |

**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:** Robert K. Gilley      3/10/97 (205) 836-8111

CR2E034 (9/96)