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ANNUAL REPORT

1995

FILED 95 FEB 28 PM 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 825927 (7)

1. Corporate Name

ANCO INSULATIONS, INC.

Principal Place of Business:
15981 AIRLINE HIGHWAY
P. O. BOX 83730
BATON ROUGE LA 70884-0720

Mailing Address:
15981 AIRLINE HIGHWAY
P. O. BOX 83730
BATON ROUGE LA 70884-0720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1971	3a. Date of Last Report: 04/25/1994
4. FEI Number: 72-0600676	☐ 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	

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

CASON,WARREN
1915 EXCHANGE NATIONAL BANK
TAMPA FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSON JR,R L
STREET ADDRESS	3333 MCCARROLL DR.
CITY-ST-ZIP	BATON ROUGE LA
TITLE	VD
NAME	BOURGEOIS, RONALD J.
STREET ADDRESS	221 EAST WOODSTONE
CITY-ST-ZIP	BATON ROUGE LA
TITLE	STD
NAME	WALKER, JOHN D.
STREET ADDRESS	12721 ARLINGFORD
CITY-ST-ZIP	BATON ROUGE LA
TITLE	VD
NAME	JOHNSON, HAROLD F.
STREET ADDRESS	10712 CAL ROAD
CITY-ST-ZIP	BATON ROUGE LA
TITLE	VD
NAME	VIRGETS, THOMAS F.
STREET ADDRESS	5445 BENNINGTON AVE.
CITY-ST-ZIP	BATON ROUGE LA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I 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)(k), 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: John D. Walker — John Walker — 2/21/95 — (504) 752-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472104 FP