
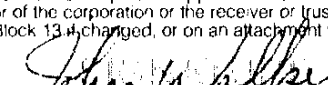


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>825927</b> (7)					
1. Corporation Name <b>ANCO INSULATIONS, INC.</b>					
Principal Place of Business <b>15981 AIRLINE HIGHWAY P. O. BOX 83730 BATON ROUGE LA 70884-0720</b>			Mailing Address <b>15981 AIRLINE HIGHWAY P. O. BOX 83730 BATON ROUGE LA 70884-3730</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/22/1971</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>02/06/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>72-0600676</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. Name and Address of Current Registered Agent <b>CASON, WARREN 1915 EXCHANGE NATIONAL BANK TAMPA FL</b>				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				DATE	
Signature type: 1 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 <b>PD ANDERSON JR, R L</b>				1.2 NAME	
STREET ADDRESS <b>3333 MCCARROLL DR.</b>				1.3 STREET ADDRESS	
CITY - ST - ZIP <b>BATON ROUGE LA</b>				1.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>VD BOURGEOIS, RONALD J.</b>				2.2 NAME	
STREET ADDRESS <b>221 EAST WOODSTONE</b>				2.3 STREET ADDRESS	
CITY - ST - ZIP <b>BATON ROUGE LA</b>				2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>STD WALKER, JOHN D.</b>				3.2 NAME	
STREET ADDRESS <b>12721 ARLINGFORD</b>				3.3 STREET ADDRESS	
CITY - ST - ZIP <b>BATON ROUGE LA</b>				3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>VD JOHNSON, HAROLD F.</b>				4.2 NAME	
STREET ADDRESS <b>10712 CAL ROAD</b>				4.3 STREET ADDRESS	
CITY - ST - ZIP <b>BATON ROUGE LA</b>				4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>VD VIRGETS, THOMAS F.</b>				5.2 NAME	
STREET ADDRESS <b>5445 BENNINGTON AVE.</b>				5.3 STREET ADDRESS	
CITY - ST - ZIP <b>BATON ROUGE LA</b>				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, changed, or on an attachment with an address.					
SIGNATURE: 				1/28/97 (504) 752-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



CR2E034 (9/96)