

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90151 027 ***150.00

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DOCUMENT # 825927

1. Corporation 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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ANDERSON JR, R L
STREET ADDRESS 3333 MCCARROLL DR.
CITY-ST-ZIP BATON ROUGE LA

TITLE VD ☐ DELETE

NAME BOURGEOIS, RONALD J.
STREET ADDRESS 221 EAST WOODSTONE
CITY-ST-ZIP BATON ROUGE LA

TITLE STD ☐ DELETE

NAME WALKER, JOHN D.
STREET ADDRESS 12721 ARLINGFORD
CITY-ST-ZIP BATON ROUGE LA

TITLE VD ☐ DELETE

NAME JOHNSON, HAROLD F.
STREET ADDRESS 10712 CAL ROAD
CITY-ST-ZIP BATON ROUGE LA

TITLE VD ☐ DELETE

NAME VIRGETS, THOMAS F.
STREET ADDRESS 5445 BENNINGTON AVE.
CITY-ST-ZIP BATON ROUGE LA

TITLE ☐ DELETE

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 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:

John Walker, Sec/Treas 4/5/99

(225) 752-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)