FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **837462** **(1)**

1. Corporation Name

LAND COAST INSULATION, INC.

Principal Place of Business	Mailing Address
ACADIANA REGIONAL AIRPORT 2ND ST & HANGAR P.O. BOX 14110 NEW IBERIA LA 70562-1110	ACADIANA REGIONAL AIRPORT 2ND ST & HANGAR P.O. BOX 14110 NEW IBERIA LA 70562-1110

3. Date Incorporated or Qualified: **12/01/1976**
3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **72-0739962** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent, and title, if applicable (Date: Registered Agent's signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	MORTON, TIM		1.2 NAME	MORTON, Tim	
STREET ADDRESS	8110 FOREST COMMONS CT		1.3 STREET ADDRESS	8110 Forest Commons Ct.	
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP	Houston, TX	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CELIA		2.2 NAME		
STREET ADDRESS	1608 JANE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW IBERIA, LA 00000		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, MICHAEL R		3.2 NAME		
STREET ADDRESS	108 EASTWOOD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, LA 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, JOHN		4.2 NAME		
STREET ADDRESS	222 W ST PETR ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW IBERIA, LA 00000		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	ST	☐ Change ☒ Addition
NAME	BURGARDT, BARBARA P.		5.2 NAME	Karl J. Schram	
STREET ADDRESS	114 W TAMPICO ST		5.3 STREET ADDRESS	207 Cricklade Court	
CITY-ST-ZIP	NEW IBERIA, LA 00000		5.4 CITY-ST-ZIP	Youngsville, LA 70592	
TITLE	VD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, EDMUND		6.2 NAME		
STREET ADDRESS	120 WARWICK		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE, LA 00000		6.4 CITY-ST-ZIP		

14. I do 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)(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: Karl J. Schram 4/5/96 318 367 7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Karl J. Schram

CR2E034 (12/95)