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FILED
May 15 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 # **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 70562-4110

3. Date Incorporated or Qualified: 12/01/1976
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business	2a. Mailing Address
21 Land Coast Insulation, Inc.	26 Land Coast Insulation, Inc.
Suite, Apt. #, etc. 22 PO Box 14110	Suite, Apt. #, etc. 27 PO Box 14110
City & State 23 New Iberia, LA	City & State 28 New Iberia, LA
Zip / Country 24 70562 / 25 USA	Zip / Country 29 70562 / 30 USA

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, TIM		1.2 NAME		
STREET ADDRESS	8110 FOREST COMMONS CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP		
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	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHRAM, KARL J.		5.2 NAME		
STREET ADDRESS	207 CRICKLADE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSVILLE LA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 4/28/97 3183673744 XX