

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 PM 2:14

DOCUMENT # 838134 (5)

1. Corporation Name
SHOOK & FLETCHER INSULATION, CO.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4625 VALLEYDALE ROAD
P.O. BOX 380501
BIRMINGHAM AL 35238-7501**

Mailing Address
**4625 VALLEYDALE ROAD
P.O. BOX 380501
BIRMINGHAM AL 35238-7501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/31/1977	3a. Date of Last Report 04/19/1994
4. FEI Number 63-0275031	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	MURRAY, REESE	1.2 NAME	
STREET ADDRESS	19 RIDGE DR	1.3 STREET ADDRESS	2009 Garden Place
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	Birmingham, AL 35223
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	OWINGS, W. L.	2.2 NAME	
STREET ADDRESS	4625 VALLEYDALE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, J. D.	3.2 NAME	
STREET ADDRESS	4825 VALLEYDALE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	KILLION, WAYNE W	4.2 NAME	
STREET ADDRESS	4825 VALLEYDALE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KILLION, WAYNE W. JR.	5.2 NAME	
STREET ADDRESS	3004 BROOKWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	TS	6.1 TITLE	☐ Change ☐ Addition
NAME	KILLION, C. C.	6.2 NAME	
STREET ADDRESS	4825 VALLEYDALE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	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 110.07(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:

[Signature]
J. D. Jackson

Protective Vice-President 4/10/95 (205) 991-7606

Signature and typed or printed name of signing officer or director

Date

Telephone Area #