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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:58

DOCUMENT # **F94000000356 (5)**

1. Corporation Name
**INSULCON COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 836<br>HUNTLEY IL 60142 | P.O. BOX 836<br>HUNTLEY IL 60142 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 11414 Smith Dr.
22 Suite, Apt. #, etc.: Unit D
23 City & State: Huntley IL
24 Zip: 60142
25 Country: McHenry

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 36-3021146 ☐ 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

GETZ, MICHAEL J
15310 AMBERLY DR.
SUITE 250
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83: Suite 368
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 (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PTD | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MILLER, JAMES W | 1.2 NAME | | |
| STREET ADDRESS | 121 RAINBOW DR. | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SLEEPY HOLLOW IL 60142 | 1.4 CITY-ST-ZIP | Sleepy Hollow IL 60118 | |
| TITLE | V | 2.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | GETZ, MICHAEL J | 2.2 NAME | | |
| STREET ADDRESS | 1324 WINDSOR WAY | 2.3 STREET ADDRESS | 2034 Bearss East # 714 | |
| CITY-ST-ZIP | LUTZ FL 33549 | 2.4 CITY-ST-ZIP | Tampa FL 33613 | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MILLER, MARTHA S | 3.2 NAME | | |
| STREET ADDRESS | 121 RAINBOW DR. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SLEEPY HOLLOW IL 60118 | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ 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 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:** _____ 1/30/95 708-669-0143
Signature and Typed or Printed Name of Individual and Capacity or Title (Daytime Phone #)

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