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FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000000356 (5)

1. Corporation Name
INSULCON COMPANY, INC.

Principal Place of Business

10500 UNIVERSITY CTR DR
STE 155
TAMPA FL 33612
US

Mailing Address

10500 UNIVERSITY CTR DR
STE 155
TAMPA FL 33612
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 10500 University Ctr Dr

2a. Mailing Address

27 10500 University Ctr Dr

Suite, Apt #, etc.

Suite, Apt #, etc.

22 # 155

27 # 155

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Zip

Country

Country

24 33612

29 33612

30

9. Name and Address of Current Registered Agent

GETZ, MICHAEL J
10500 UNIVERSITY CTR DR
STE 155
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

Michael J. Getz

82 Street Address (P.O. Box Number is Not Acceptable)

10500 University Center Dr.

83

Suite 155

84 City

Tampa

FL

85 Zip Code

33612

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 PTD
NAME MILLER, JAMES W
STREET ADDRESS 121 RAINBOW DR.
CITY-ST-ZIP SLEEPY HOLLOW IL 60142

TITLE V
NAME GETZ, MICHAEL J
STREET ADDRESS 17811 HICKORY MOSS PL
CITY-ST-ZIP TAMPA FL

TITLE SD
NAME MILLER, MARTHA S
STREET ADDRESS 121 RAINBOW DR.
CITY-ST-ZIP SLEEPY HOLLOW IL 60118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Miller, James W.
1.3 STREET ADDRESS 17811 Hickory Moss Place
1.4 CITY-ST-ZIP Tampa, FL 33647

2.1 TITLE Executive Vice President
2.2 NAME Getz, Michael J
2.3 STREET ADDRESS 9407 Hunters Pond Drive
2.4 CITY-ST-ZIP Tampa, FL 33647

3.1 TITLE Secretary
3.2 NAME Miller, Martha S
3.3 STREET ADDRESS 17811 Hickory Moss Place
3.4 CITY-ST-ZIP Tampa, FL 33647

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

2/15/98 813-977-3898

CR2E034 (10/97)