

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005443 (5)

1. Corporation Name

NCR WEST COAST INSULATION, INC.



Principal Place of Business

Mailing Address

895 WEST 2600 EAST
SALT LAKE CITY UT 84119

895 WEST 2600 EAST
SALT LAKE CITY UT 84119

3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3218 MARION STREET

26 3218 MARION STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FORT MYERS, FLORIDA

28 FORT MYERS, FLORIDA

Zip

Country

Zip

Country

24 33916

25 USA

29 33916

30 U.S.A.

4. FEI Number
87-0547888

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

10. Name and Address of New Registered Agent

HUNT, JUDITH A
3218 MARION STREET
FORT MYERS FL 33916

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 of officer or person in charge of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	HEINTZ, RANDY J	4653 SOUTH HUGO AVENUE	SALT LAKE CITY UT 84117	<input type="checkbox"/>
DV	NIPPER, PAUL F	4128 SOUTH 1175 EAST	SALT LAKE CITY UT 84117	<input type="checkbox"/>
DV	NIPPER, DAVID E	895 WEST 2600 EAST	SALT LAKE CITY UT 84119	<input type="checkbox"/>
V	JOHNSON, ROBERT L	5201 SW 24TH PLACE	CAPE CORAL FL 33914	<input type="checkbox"/>
SD	NIPPER, BETTY J	895 WEST 2600 EAST	SALT LAKE CITY UT 84119	<input type="checkbox"/>
TD	HEINTZ, LAURIE A	4653 SOUTH HUGO AVENUE	SALT LAKE CITY UT 84117	<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty J. Nipper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

CR2E034 (3/96)