

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G36133** (8)

1. Corporation Name

ACTION INSULATION & COATING, INC.



Principal Place of Business

% LOUIS S. WELCH
121 SO. DESOTO AVE.
ARCADIA FL 33821

Mailing Address

% LOUIS S. WELCH
121 SO. DESOTO AVE.
ARCADIA FL 33821

3. Date Incorporated or Qualified
04/27/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

WELCH, LOUIS S.
121 SO. DESOTO AVE.
ARCADIA FL 33821

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 of registered agent or person authorized to change the registered agent or office)

(Note: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

DP
WELCH, LOUIS S
PROVAU RD
NOCATEE, FL 00000

12.2 CITY-STATE-ZIP

VST
WELCH, BETTY L.
PROVAU RD.
NOCATEE FL

12.3 CITY-STATE-ZIP

VD
GRANT, PAMELA M.
RT 4 BOX 4717
ARCADIA FL

12.4 CITY-STATE-ZIP

D
WILLIS, BERNARD F.
RHODE ISLAND ROAD
ARCADIA FL

12.5 CITY-STATE-ZIP

12.6 CITY-STATE-ZIP

12.7 CITY-STATE-ZIP

12.8 CITY-STATE-ZIP

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12.20 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☒ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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: Betty J. Welch Betty J. Welch, Vice Pres 3/5/96 (941) 494-6719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)