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Jan 15 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H22527** (6)

1. Corporation Name
ALL-COUNTY INSULATION & SALES, INC.

Principal Place of Business
**17497 ROCKEFELLER CIRCLE
FT. MYERS FL 33912**

Mailing Address
**17497 ROCKEFELLER CIRCLE
FT. MYERS FL 33912-5845**



3. Date Incorporated or Qualified **09/25/1984** 3a. Date of Last Report **04/16/1996**

4. FEI Number **59-2479754** 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**PASSAMONDI, JOAN
15880 SHAMROCK DRIVE
FT. MYERS FL 33912**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSAMONDI, MICHAEL A.		12 NAME	
STREET ADDRESS	15880 SHAMROCK DR.		13 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL		14 CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSAMONDI, INGEBORG		22 NAME	
STREET ADDRESS	21 MAUI CIRCLE		23 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL		24 CITY - ST - ZIP	
TITLE	S	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSAMONDI, JOAN		32 NAME	
STREET ADDRESS	15880 SHAMROCK DR.		33 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL		34 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY - ST - ZIP			44 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY - ST - ZIP			54 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY - ST - ZIP			64 CITY - ST - ZIP	

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*****165.00**

14. I do 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: **Joan Passamondi** 1/16/97 9142671131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)