

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



PROFIT
CORPORATION
ANNUAL REPORT

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



FILED

97 OCT 27 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

H29821

1. Corporation Name

R.E.R. Insulation, Inc
16086 E. Yorkshire Dr.
Loxahatchee, FL 33470

Principal Place of Business

Mailing Address

SAME AS ABOVE

3. Date Incorporated or Qualified

3a. Date of Last Report

1997

4. FEI Number

59-2470725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert E Bourne
521 Lake Ave Suite 3
Lake Worth FL 33460

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: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Director ☒ DELETE
NAME Ronald Cass
STREET ADDRESS 7255 Wilson Rd
CITY-ST-ZIP W.P.B. FL 334

1.1 TITLE President/Director ☐ Change ☒ Addition
1.2 NAME Kimberly R. Cass
1.3 STREET ADDRESS 16086 E. Yorkshire Drive
1.4 CITY-ST-ZIP Loxahatchee, FL 33470

TITLE V. Pres/Director ☒ DELETE
NAME Robert Cass
STREET ADDRESS 16086 E. Yorkshire Drive
CITY-ST-ZIP Loxahatchee, FL 33470

2.1 TITLE Vice President/Director ☒ Change ☐ Addition
2.2 NAME Ronald M. Cass
2.3 STREET ADDRESS 7255 Wilson Rd
2.4 CITY-ST-ZIP W.P.B. FL 33470

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition
3.2 NAME Robert R. Cass
3.3 STREET ADDRESS 16086 E. Yorkshire Drive
3.4 CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Robert Cass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/97

Date

561-793-1762

Daytime Phone #

CR2E034 (9/96)