

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H55712 (4)

1. Corporation Name

**SUNCOAST INSULATORS AND ACOUSTICAL CONTRACTORS O
F CITRUS COUNTY, INC.**

Principal Place of Business

**3790 N. HIGHWAY 441
P.O. BOX 1150
OCALA FL 32678**

Mailing Address

**3790 N. HIGHWAY 441
P.O. BOX 1150
OCALA FL 32678**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/06/1985

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2520760

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 6044 N. TALLAHASSEE RD

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CRYSTAL RIVER, FL

City & State

28

Zip Country
24 32629 25 CITRUS

Zip Country
29 30

9. Name and Address of Current Registered Agent

**COTTEN, PATSY J.
3790 N. HIGHWAY 441
OCALA FL 32675**

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 Patsy J. Cotten PATSY J. COTTEN 4-21-95

(Signature, typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDS
COTTEN, PATSY J.
1607 SE 18TH AVENUE
OCALA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
COTTEN, PATSY J.
1607 S.E. 18TH AVENUE
OCALA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BUGBEE, DAVID
6044 TALLAHASSEE ROAD
CRYSTAL RIVER FL**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**SECT.
DAVID B. GOOCH
247 N.E. 44TH AVE.
OCALA, FL 32670**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**V
STEPHEN N. GOOCH
29 ALMOND WAY
OCALA, FL 32671**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 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: Patsy J. Cotten PATSY J. COTTEN 4-21-95 904-629-8157

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number