

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H55712 (4)

1. Corporation Name

SUNCOAST INSULATORS AND ACOUSTICAL CONTRACTORS OF
F CITRUS COUNTY, INC.



Principal Place of Business

6044 N TALLAHASSEE RD
P.O. BOX 1150
CRYSTAL RIVER FL 32629
US

Mailing Address

3780 N. HIGHWAY 441
P.O. BOX 1150
OCALA FL 32678

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

g. Name and Address of Current Registered Agent

COTTEN, PATSY J.
3780 N. HIGHWAY 441
OCALA FL 32675

3. Date Incorporated or Qualified
05/06/1985

3a. Date of Last Report
04/27/1995

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

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME GOOCH, DAVID B
STREET ADDRESS 247 NE 44TH AVE
CITY-ST-ZIP Ocala FL

TITLE V ☐ DELETE

NAME GOOCH, STEPHEN N
STREET ADDRESS 29 ALMOND WAY
CITY-ST-ZIP Ocala FL

TITLE V ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE p/t/d ☐ Change ☒ Addition

1.2 NAME Patsy J. Cotten
1.3 STREET ADDRESS 1607 S.E. 18th Ave. Ocala, Fl. 34478
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

900001836439

05/23/96-01020--006 Change ☐ Addition

***200.00

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

5-1-96
JP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

DATE

352-629-8157

DAYTIME PHONE #

CR2E034 (12/95)