

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 04 1998 8:00am
Secretary of State

DOCUMENT # H55712 (4)
1. Corporation Name
SUNCOAST INSULATORS AND ACOUSTICAL CONTRACTORS O
F CITRUS COUNTY, INC.



Principal Place of Business
6044 N TALLAHASSEE RD
P.O. BOX 1150
CRYSTAL RIVER FL 32629
US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/06/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2520760	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COTTEN, PATSY J. 3790 N. HIGHWAY 441 OCALA FL 32675				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	8 GOOCH, DAVID B	1.1 TITLE	
NAME	247 NE 44TH AVE	1.2 NAME	
STREET ADDRESS	OCALA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	GOOCH, STEPHEN N	2.2 NAME	
STREET ADDRESS	29 ALMOND WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	BUGBEE, DAVID	3.2 NAME	
STREET ADDRESS	6044 TALLAHASSEE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	PTD	4.1 TITLE	
NAME	COTTEN, PATSY J	4.2 NAME	
STREET ADDRESS	1607 S.E. 18TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____ DATE _____

CR2E034 (10/97)