

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J05880

(6)

1. Corporation Name

PROFESSIONAL INSULATORS, INC.



Principal Place of Business

1209 S. SWINTON AVENUE
DELRAY BCH. FL 33444

Mailing Address

1209 S. SWINTON AVENUE
DELRAY BCH. FL 33444

3. Date Incorporated or Qualified

03/24/1986

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2696928

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RUE, ROBERT E.
1209 S. SWINTON AVE.
DELRAY BCH. FL 33444~~

81 Name

JAMES B. ROGERS

82 Street Address (P.O. Box Number is Not Acceptable)

1209 S. SWINTON AVE.

83

84 City

DELRAY BEACH

FL

85 Zip Code

33444

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 JAMES B. ROGERS, PRES.

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

NOTE: Registered Agent signature required when reinstating

DATE

2/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RUE, ROBERT E.
STREET ADDRESS 2986 GENOA WAY
CITY-ST-ZIP DELRAY BEACH FL ☒ DELETE

TITLE VP
NAME ROGERS, JAMES B.
STREET ADDRESS 2734 N. PATRICK CR.
CITY-ST-ZIP W. PALM BEACH FL ☒ DELETE

TITLE ST
NAME RUE, JUNE A.
STREET ADDRESS 2986 GENOA WAY
CITY-ST-ZIP DELRAY BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1 1 TITLE P
1 2 NAME ROGERS, JAMES B
1 3 STREET ADDRESS 2734 N. PATRICK CR.
1 4 CITY-ST-ZIP W. PALM BEACH, FL. 33406 ☒ Change ☐ Addition

2 1 TITLE V. P.
2 2 NAME THOMAS, JACK T. JR.
2 3 STREET ADDRESS 1929 NW 62 TERR
2 4 CITY-ST-ZIP MARGATE, FL. 33063 ☐ Change ☒ Addition

3 1 TITLE ST
3 2 NAME ROGERS, PAMELA K.
3 3 STREET ADDRESS 2734 N. PATRICK CR.
3 4 CITY-ST-ZIP W. PALM BEACH, FL 33406 ☐ Change ☒ Addition

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP ☐ Change ☐ Addition

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP ☐ Change ☐ Addition

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(b), 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: JAMES B. ROGERS, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (407)276 0177

Date

Daytime Phone #

CR2E034 (12/95)