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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J17742

(4)

DEWITT INSULATION, INC.

Principal Place of Business Mailing Address					ASBAN BIBNI BIBNI BIBNI BIBNI IBBNI IBBN
825 DENNARD AVE PO BOX 60837 JACKSONVILLE FL 82254 US		325 DENNARD AVE PO BOX 60637 JACKSONVILLE FL 32236-0637 US			
				3. Date Incorporated or Qualified 06/05/1986	3a. Date of Last Report 04/29/1996
_ `	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2680618	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30		Yes No
 	9. Name and Address of Current	Registered Agent	·····	10. Name and Address of New Rep	gistered Agent
	DE, MOSES JR.		81 Name		
817 N. MAIN ST. 82			82 Street Add	ress (P.O. Box Number is Not Acceptab	lo)
JAC	KSONVILLE FL 32202		ļ		
			83		
			84 City		85 Zip Code
					FL
11. Pursuant to office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	-and 607.1508, Florida Statul of Florida, Such change was	tes, the above-named corp authorized by the corpora	poration submits this statement for the pition's board of directors. Thereby accep	urpose of changing its registered If the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of Section 607.0505, FI	orida Statutes.	morro doctra of anociore. Moreoly about	a ino appointment do registered
SIGNATURE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12.	Signature, typed or printed name of registered ages OFFICERS AND	·	IL Registered Agent signature requilities	red which resistating) ADDITIONS/CHANGES TO OFFIC	DATE E'DS AND DIRECTORS IN 12
TITLE	DP OFFICERS AND	DELETE	1,1 1/TLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	DEWITT, GEORGE EDWARD		1.2 NAME		
STREET ADDRESS	267 EGRETS WALK		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-\$1-ZIF		
TITLE	D	DELETE	2.1 111(1		Change Addition
NAME	DEWITT, ARIE GWENDOLYN		2.2 NAME		
STREET ADDRESS	287 EGRETS WALK		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		2 # CITY+S1-7IP		
TITLE	O(O)	DELETE	3.1 TIDLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. C(1Y+S1-Z(P		
TITLE		DELETE	4.1 3(TLE		Change Addition
NAME			4 P NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-S1-7IP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY+ST- 2)P		
TALE		☐ DELETE	6.1 TriLE		Change Addition
NAME			6.2 NAME		,
STREET ADDRESS			6.3 STREET ADDRESS		

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.

CIONATURE.

CITY-ST-ZIP

Garage VAIDA

GRORGE E DEWITT

4/24/97

904-786-6466

FILED

May 06 1997 8:00am

Secretary of State