**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)HIRTER INSULATION & ACOUSTICS, INC. Principal Place of Business Mailing Address C/O TERRY HIRTER C/O TERRY HIRTER 2923 FIESTA ROAD 2923 FIESTA ROAD DO NOT WRITE IN THIS SPACE VENICE FL 34293 VENICE FL 34293 3. Date Incorporated or Qualified 11/13/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0017303 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIRTER, TERRY 2923 FIESTA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) VENICE FL 83 84 Zip Code Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the purpose of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of agent. I am familier with, and SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition 1.1 TITLE TITLE HIRTER, TERRY 1.2 NAME NAME 2923 FIESTA RD. 1.3 STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-7IP 1.4 CITY - ST - ZIP Addition DELETE Chance 2.1 TITLE TITLE NAME HIRTER, SARAH 2923 FIESTA RD. 2.3 STREET ADDRESS STREET ADDRESS VÉNICE FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME

14. Thereby 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

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition