

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K02859

(2)

1. Corporation Name

INSULATION SOURCES, INC.

Principal Place of Business

2614 W WATROUS AVE (33629)
P.O. BOX 14489
TAMPA FL 33690

Mailing Address

2614 W WATROUS AVE (33629)
P.O. BOX 14489
TAMPA FL 33690

DO NOT WRITE IN THIS SPACE

3. Date Inc. organized or Qualified
11/17/1987

3a. Date of Last Report
08/15/1994

4. FEI Number
59-2900793

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. 198.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

29

Country

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, WILLIAM C
2614 W WATROUS AVE
TAMPA FL 33629

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

Signature of the person who is registered agent and the director.

Signature of the person who is registered agent and the director.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P
HILL, WILLIAM C.
107-Q DUNBAR
OLDSMAR FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☒ Change ☐ Addition
2614 W WATROUS AVE
TAMPA FL 33629

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.07(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:

William C Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C HILL

9/30/95

Date

8132532148

Signature Number