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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90027 004 ***150.00

DOCUMENT # **K27884**

Principal Place of Business

STRATEGIC INSULATION SERVICES, INC.

1215 SE 10TH S UNIT B CAPE CORAL F US		P O BOX 150675 301 S.E. 32ND ST. CAPE CORAL FL 33915 US	301 S.E. 32ND ST. CAPE CORAL FL 33915			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/11/1988				
2 Dringing D	ace of Business	2a. Mailing Address				4. FEI Number		 -	Ap	plied For
	ace of Busiliess	26				- 65-00797	51 -		- No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of		atus Desired		
22		City & State				6 Election Can	npaign Financing		\$5.00	May Re
City & State	=	28				Trust Fund C			Added t	· 1
Zip	Zip	p Country			8 This corporation owes the current year Intangible					
····	Country 25	30			Personal Property Tax.					
24 25 29 29 3. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	3. Italia ana raa. 555 5. 521.			81	Name					
FRANK, GLEN					(D.O. D. M. L. vis Mad Assemble)					
301 S/E/ 32ND ST.				82	Street Address (P.O. Box Number is Not Acceptable)			ible)		
CAPE CORAL FL 33904				83	3					
O/4	E 0014/E 1 E 0000 .									
				84	City			FL	85 Zip (Code
		TOO LOOT AFOR Florida District			named corr	poration eubmite this	statement for the		changing its	registered
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au	unonzea	Dy II	ne corporati	ion's board of directo	ors. I hereby accep	ot the appoir	ntment as re	gistered
SIGNATURE								DATE		
	Signature, typed or printed name of registered a	***************************************	Registered 4	Agent s	signature require	ed when reinstating)	CHANGES TO OF		D DIRECTO	DRS IN 12
12.		AND DIRECTORS	1.1 TIT	\ E		ADDITIONSA	STIANOLO TO OT	TOLINO / II	Change	Addition
TITLE	DT	☐ DELETE				x			_ ,	
NAME	FRANK, CANDACE		1.2 N/							
STREET ADDRESS	301 SE 32ND ST			1.3 STREET ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP			~		Change	Addition
TITLE	DPS □ DELETE		2.1 TITLE		1				☐ Change	
NAME	FRANK, GLEN		2.2 NAME							-
STREET ADDRESS	301 S.E. 32ND ST.		2.3 STREE		ADDRESS	·•			_	-
CITY+ST-ZIP	CAPE CORAL FL		2. 4 CITY-ST-ZIP		-ZIP					FT 4-1400
TITLE	V □ DELETE			3.1 TITLE			•		☐ Change	Addition
NAME	FRANK, SCOTT		3.2 NAME		-					
STREET ADDRESS	301 S.E. 32ND ST.		3.3 STRE		ADORESS					
CITY-ST-ZIP	CAPE CORAL FL		3.4. CI	TY-ST-	-ZIP					
TITLE			4,1 TIT	4.1 TITLE					Change	☐ Addition
NAME			4.2 N	AME						
STREET ADDRESS			4.3 ST	REET A	ADDRESS					
CITY-ST-ZIP			4.4 CII	TY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TIT	ΠE		· · · · · · · · · · · · · · · · · · ·	,		☐ Change	☐ Addition
NAME			5.2 NA	ME					٠.	
STREET ADDRESS			5.3 ST	REET /	ADDRESS					
			5.4 Cf	TY-ST-	ZIP					
CITY-ST-ZIP	, <u>.</u>	☐ DELETE	6.1 TIT	ΓLE		~			☐ Change	☐ Addition
			6.2 NA	ME						
NAME			6.3 ST	REET /	ADDRESS					
STREET ADDRESS	1			TY-ST-						1
CITY-ST-ZIP	tif the the lafe amening supplied	with this filing does not qualify for				Section 119.07(3)(i)	. Florida Statutes.	I further cer	tify 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 it made under oath; that I am ar 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, with all other like empowered. (941)SIGNATURE: