

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 # K35763

(7)

1. Corporation Name

INSULTECH GROUP, INC.



Principal Place of Business

P O BOX 3729
PLANT CITY FL 33564-0729

Mailing Address

P O BOX 3729
PLANT CITY FL 33564-0729

3. Date Incorporated or Qualified
09/22/1988

3a. Date of Last Report
06/06/1995

2. Principal Place of Business
21 P.O. Box 3749
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 3749
Suite, Apt. #, etc.

4. FEI Number
59-2912116

Applied For
Not Applicable

22
23 City & State
Plant City, FL

27
28 City & State
Plant City, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33564-3749

25 Country
Hills.

29 Zip
33564 3749

30 Country
Hills.

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

DAN MARK K
100 S WASHLEY DRIVE
SUITE 1708
TAMPA FL 33602

81 Name
Samantha J. DeAmbrose
82 Street Address (P.O. Box Number is Not Acceptable)
15431 Plantation Oaks Dr. #12
83
84 City
Tampa FL 85 Zip Code
33647

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 *Samantha J. DeAmbrose* Samantha J. DeAmbrose Vice President 2/29/96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS DEAMBROSE, SHERWOOD J.
CITY-ST-ZIP 2607 LAKEVIEW WAY
PLANT CITY FL

TITLE
NAME V
STREET ADDRESS DEAMBROSE, SAMANTHA J
CITY-ST-ZIP 15431 PLANTATION OAKS DRIVE #12
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: *Samantha J. DeAmbrose* Samantha J. DeAmbrose 2/29/96 (813) 754-1152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)