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

CORPORATION ANNUAL REPORT
**1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:40

DOCUMENT # L60195 (9)

1. Corporation Name
FERN MECHANICAL INSULATORS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1031 W. MORSE BLVD.<br>STE. 200<br>WINTER PARK FL 32789 | 1031 W. MORSE BLVD.<br>STE. 200<br>WINTER PARK FL 32789 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1990
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3003417 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

MICHAEL C. SASSO
1031 W. MORSE BLVD.
STE. 200
WINTER PARK FL 32789

**10. Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | COBD | 1.1 TITLE | | ☐ Change ☒ Addition |
| NAME | FERN, JOHN C. | 1.2 NAME | | |
| STREET ADDRESS | 1035 SUNSHINE LNE STE 106 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALTAMONTE SPGS FL | 1.4 CITY-ST-ZIP | ZIP 32714 | |
| TITLE | PD | 2.1 TITLE | | ☐ Change ☒ Addition |
| NAME | FERN, CHRIS J | 2.2 NAME | | |
| STREET ADDRESS | 1035 SUNSHINE LNE STE 106 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALTAMONTE SPGS FL | 2.4 CITY-ST-ZIP | ZIP 32714 | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☒ Addition |
| NAME | FERN, JAMES A | 3.2 NAME | | |
| STREET ADDRESS | 2213 BLOSSOM WOOD DR | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OVIEDO FL | 3.4 CITY-ST-ZIP | ZIP 32765 | |
| TITLE | AS | 4.1 TITLE | ASSISTANT SECRETARY | ☒ Change ☐ Addition |
| NAME | WRAGE, TERESA | 4.2 NAME | SUSAN J. HITT | |
| STREET ADDRESS | 1035 SUNSHINE LNE, STE 106 | 4.3 STREET ADDRESS | 1035 SUNSHINE LANE, SUITE 106 | |
| CITY-ST-ZIP | ALTAMONTE SPGS FL | 4.4 CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 | |
| TITLE | | 5.1 TITLE | ASSISTANT TREASURER | ☐ Change ☒ Addition |
| NAME | | 5.2 NAME | BARBAR E. FERN | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1035 SUNSHINE LANE, SUITE 106 | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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)(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 attached report with an address.

**SIGNATURE:** John C. Fern JOHN C. FERN 2/2/95 407-774-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045740 CP