

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L60195 (9)

1. Corporation Name

FERN MECHANICAL INSULATORS, INC.



Principal Place of Business

1031 W. MORSE BLVD.
STE. 200
WINTER PARK FL 32789

Mailing Address

1031 W. MORSE BLVD.
STE. 200
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

03/21/1990

3a. Date of Last Report

02/08/1995

4. FEI Number

59-3003417

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. 199.032,
Florida Statutes.

☒

Yes

☐

No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

COBD
FERN, JOHN C.
1035 SUNSHINE LNE STE 106
ALTAMONTE SPGS FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
FERN, CHRIS J
1035 SUNSHINE LNE STE 106
ALTAMONTE SPGS FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D
FERN, JAMES A
2213 BLOSSOM WOOD DR
OVIEDO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

AS
HITT, SUSAN J.
1035 SUNSHINE LANE, SUITE 106
ALTAMONTE SPRINGS FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

AT
FERN BARBAR E.
1035 SUNSHINE LANE, SUITE 106
ALTAMONTE SPRINGS FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

4113 CROSSROADS PLACE
CASSELBERRY, FL 32707

FERN, BARBARA E.

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

407-774-0737

Date

Daytime Phone #

CR2E034 (12/95)