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FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32789-3744



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/21/1990

3a. Date of Last Report

03/22/1996

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

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 JOHN C. FERN

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

83

84 City LONGWOOD

FL

85 Zip Code 32779

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	FERN, JOHN C.	
STREET ADDRESS	1035 SUNSHINE LNE STE 108	
CITY - ST - ZIP	ALTAMONTE SPGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERN, CHRIS J	
STREET ADDRESS	1035 SUNSHINE LNE STE 108	
CITY - ST - ZIP	ALTAMONTE SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERN, JAMES A	
STREET ADDRESS	4113 CROSSROADS PLACE	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HITT, SUSAN J.	
STREET ADDRESS	1035 SUNSHINE LANE, SUITE 106	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	FERN, BARBARA E	
STREET ADDRESS	1035 SUNSHINE LANE, SUITE 106	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1494 FARRIN-DON CIRCLE
3.4 CITY - ST - ZIP	HEATHROW, FL. 32746
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS
4.3 STREET ADDRESS	CAUDELL, SHARI
4.4 CITY - ST - ZIP	1035 SUNSHINE LANE, SUITE 106 ALTAMONTE SPRINGS, FL. 32714
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

John C. Fern 4/14/97 407-774-0737

CP2E034 (9/96)