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PROFIT .CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L71778

J.D.S. INSULATION, INC.

Principal Plac	ce of Business	Mailing Address						Hilia bibli bibli bibli	
2428 BEN FRANKLIN DR. 24		2428 BEN FRANKLIN DELAND FL 32720	2428 BEN FRANKLIN DR. DELAND FL 32720		DO NOT W	one in	THIS SPACE		
						3. Date Incorporated or Qualif		THIS SPACE	
	v.					04/25/1990	60		
2. Principal P	Place of Business	2a. Mailing Address	is			4. FEI Number		Ai	pplied For
21	· .	26				59-3002414			ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, et	tc.			5. Certifcate of Status Desired		•	Additional
22		27				or control or crate bear of	·	Fee R	equired
City & Stat	te	City & State				6. Election Campaign Financia	^{rg} □	•	May Be
23 Zip	Country	28 Zip	C	Country		Trust Fund Contribution			to Fees
24 25 Country		29	_ 		This corporation owes the corporation owes the corporation owes. Personal Property Tax.	urrent yea	ar Intangible M Yes	□No	
<u> </u>	9. Name and Address of Curre	1=-1	[50]	- 		10. Name and Address of Ne	w Registe		
oi	fact the first			81	Name	*		<u> </u>	
	VER, JAMES D.			82	Street A	ddress (P.O. Box Number is Not Acce	ntable)		
	8 BEN FRANKLIN DR.			"	Supern	odiess (F.O. Dox Million is Not Acce	ршие)		e , 1+
UEL	AND FL 32720			83			- 1		
÷				84	City		·····	85 Zip	Code
10.50 0.55 0.50	· · · · · · · · · · · · · · · · · · ·				•			 - 	
Pursuant	to the boundaines of Continue COZ AC	in2 and 607 1508 Florida	Statutes the	a abovo		orporation submits this statement for t	he purpos	e of changing its	registered
office or r	registered agent, or both, in the State	e of Florida Such change	was authoriz	zed by t	⊢named c the comor	ation's hoard of directors. I hereby ac-	cent the a	nnnimelli as fe	MAIGIGINA
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90031 045 ***150.00