

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L98790** (3)
1. Corporation Name
RICE INSULATION AND GLASS, INC.



Principal Place of Business 24119 PRODUCTION CIR BONITA SPRINGS FL 33923	Mailing Address 24119 PRODUCTION CIR BONITA SPRINGS FL 33923
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8981 Quality Road Suite, Apt. #, etc. 22 City & State 23 Bonita Springs, FL Zip 24 34135		2a. Mailing Address 26 8981 Quality Road Suite, Apt. #, etc. 27 City & State 28 Bonita Springs, FL Zip 29 34135		3. Date Incorporated or Qualified 09/11/1990	
		4. FEI Number 59-3024216		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**RICE, PHILIP W
24119 PRODUCTION CIR
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8981 Quality Road
83
84 City Bonita Springs
FL
85 Zip Code 34135

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, PHILIP W	1.2 NAME	
STREET ADDRESS	24119 PRODUCTION CIRCLE	1.3 STREET ADDRESS	8981 Quality Road
CITY-ST-ZIP	BONITA SPRINGS FL 34315	1.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, REGINA	2.2 NAME	
STREET ADDRESS	24119 PRODUCTION CIR	2.3 STREET ADDRESS	8981 Quality Road
CITY-ST-ZIP	BONITA SPR FL 34315	2.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, JEFF	3.2 NAME	
STREET ADDRESS	24119 PRODUCTION CIR	3.3 STREET ADDRESS	8981 Quality Road
CITY-ST-ZIP	BONITA SPGS FL 34315	3.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, CINDY J	4.2 NAME	
STREET ADDRESS	24119 PRODUCTION CIR.	4.3 STREET ADDRESS	8981 Quality Road
CITY-ST-ZIP	BONITA SPRINGS FL 34315	4.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Philip W. Rice

04/28/98 04/28/98

CR2E034 (10/97)