

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P13505 (3)

1. Corporation Name

THE J. GRAVES INSULATION COMPANY, INC.

Principal Place of Business

801 W. 62ND ST.
P.O. BOX 8830
SHREVEPORT LA 71148-8830
US

Mailing Address

P.O. BOX 8830
P.O. BOX 8830
SHREVEPORT LA 71148-8830
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1987		3a. Date of Last Report 04/25/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 72-0568438		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Vice Pres/ Director
NAME	SCOTT, EDDIE T.	1.2 NAME	Michael M. Allen
STREET ADDRESS	P.O. BOX 8830 NA	1.3 STREET ADDRESS	P.O. Box 8830 NA Shreveport, LA 71148
CITY-ST-ZIP	SHREVEPORT LA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Secretary / Director
NAME	WIKINS, MARY J.	2.2 NAME	Terry Blaylock
STREET ADDRESS	P.O. BOX 8830 NA	2.3 STREET ADDRESS	P.O. Box 8830 NA
CITY-ST-ZIP	SHREVEPORT LA	2.4 CITY-ST-ZIP	Shreveport, LA 71148
TITLE	D	3.1 TITLE	
NAME	GRAVES, GERALDINE B.	3.2 NAME	
STREET ADDRESS	P.O. BOX 8830 NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHREVEPORT LA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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

Eddie T. Scott
President

5/17/96

318-861-3526

Date

Daytime Phone #

CR2E034 (12/95)