SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:47

DOCUMENT # **P38674** **(8)**

1. Corporation Name
INSULATION SUPPLY CO., INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1633 AUGUSTA GA 30903	POST OFFICE BOX 1633 AUGUSTA GA 30903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/06/1992**
3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: **59-0908209** ☐ 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

KITCHENS, JOHN L.
1309 PHILLIPS ST.
DAYTONA BEACH FL 32014

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	11 TITLE		☐ Change ☐ Addition
NAME	MORRIS, JOHN E.	12 NAME		
STREET ADDRESS	1463 BROAD ST.	13 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA	14 CITY-ST-ZIP		
TITLE	DVC	21 TITLE		☐ Change ☐ Addition
NAME	MORRIS, BILL L.	22 NAME		
STREET ADDRESS	1463 BROAD ST.	23 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	MORRIS, BILL L.	32 NAME		
STREET ADDRESS	1463 BROAD ST.	33 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	MORRIS, GISELE D.	42 NAME		
STREET ADDRESS	1463 BROAD ST.	43 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: _____ GISELE O. MORRIS 6-15-95 706 724-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160340 FN