FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068058 (5)

1. Corporation Name

GAYLORD INSULATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2608 HIGH SPRINGS FL 32643	POST OFFICE BOX 2608 HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3207414 — 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, NETTIE 1247 E. BAYA AVE. LAKE CITY FL 32025	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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAYLORD, EMMETT
STREET ADDRESS	P. O. BOX 2608 N/A
CITY-ST-ZIP	HIGH SPGS. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

14. I the undersigned, 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: Emmett Gaylord 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

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