

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90120 031 ***150.00

DOCUMENT # **P94000050079**

1. Corporation Name
B & H INSULATION, INC.



Principal Place of Business
**1050 STARKEY ROAD
#2203
LARGO FL 33771**

Mailing Address
**1050 STARKEY ROAD
#2203
LARGO FL 33771**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/05/1994

4. FEI Number

59-3249431

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKEY, BRIAN K
8260 ROBIN ROAD
LARGO FL 34647**

81 Name

Hickey, Brian K

82 Street Address (P.O. Box Number is Not Acceptable)

1050 STARKEY Rd.

83

2203

84 City

LARGO

FL

85 Zip Code
33771

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 **Brian K. Hickey Pres.**

1-5-98

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **P**
NAME **HICKEY, BRIAN K**
STREET ADDRESS **8260 ROBIN ROAD**
CITY-ST-ZIP **LARGO FL**

1.1 TITLE **P**
1.2 NAME **HICKEY, BRIAN K**
1.3 STREET ADDRESS **1050 STARKEY Rd. # 2203**
1.4 CITY-ST-ZIP **LARGO, FL. 33771**

TITLE **V**
NAME **HICKEY, DIANE**
STREET ADDRESS **PRIVATEER ROAD**
CITY-ST-ZIP **CHATTANOOGA TN**

2.1 TITLE **V**
2.2 NAME **Hickey, Diane**
2.3 STREET ADDRESS **4217 Privateer Rd.**
2.4 CITY-ST-ZIP **CHATTANOOGA, TENN. 37343**

TITLE **S**
NAME **HICKEY, KEVIN S.**
STREET ADDRESS **1286 BEACH VALLEY RD.**
CITY-ST-ZIP **ATLANTA GA 30306**

3.1 TITLE **S**
3.2 NAME **HICKEY, Kevin S**
3.3 STREET ADDRESS **Atlanta, GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Brian K. Hickey

1-5-98

222-581-9657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0419896