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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Socretary of State

DIVISION OF CORPORATIONS

**1996** DIVIS

DOCUMENT #

P95000053646 (2)

ECONOMY INSULATION, INC.

APPROVED AND FILED

1996 MAR 27 AM 11: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	of Business	Mailing Address			iri riida iinib biili bidib ciii ibbi
	AYETTE ST STE F SEE FL 32301	922 E. LAFAYETTE TALLAHASSEE FL 3			
				3. Date Incorporated or Qualified 3a. Da 07/12/1995	ate of Last Report
2. Principal Place 21 <b>\$2\$</b> () Suite And #	Balmoral Dr.	2a. Mailing Address 26 P.D.Box 3	1843	4. FLI Number 59-3345729	Applied For Not Applicable
22 N/A	, 610.	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
TALL	shasee, Fla.	28 TALLA HASS	see, Fla.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
43231	25 U.S. 9. Name and Address of Curren	29 <b>323/5-384</b> t Registered Agent	S 30 U.S.	8. This corporation has liability for intang ble Florida Statutes Yes No  10. Name and Address of New Registered  11. Yes No  12. Name and Address of New Registered	
<del>-922 E.</del> -	DAHL, ERIG J LAFAYETTE ST STE F IASSEE FL 32301		81 NAC 9 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1	CMAN Elli'S S.C.  Tress (P.). Box Number is Not And epitable;  BALMOCAL D.C.  TLALASS PP FI	85 Zip Code
11. Pursuant to or registered familiar with SIGNATURE si	the plovisions of Sections 607 0502 datagail, of both, in the State of tool y and adaptithe obligations of Section with the production of the section of the sec		es, frie above named corpo ed by the corporation's boa	ration submits this statement for the purpose of cl and of directors. Thereby accept the appointment a	nanging its registered office is registered agent. I am
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELE IE	1. 1 TITLE		Change Addition
NAME	ELLIS, COLEMAN JR.		1.2 NAME	SOCOL	759615 1059-009
	8280 BALMORAL DRIVE		1.3 STREET ADDRESS	11.2 f 1 2 f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1   1   L   1   1   L   L   1   1   1
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CITY - S1 - ZIP	TALLAHASSEE FL 32311 D	☐ DELETE		*****200,00	*
CITY-SI-ZIP TITLE NAME	Tallahassee FL 32311 D Lee, Eddie L	DELETE	1.4 CITY - ST - ZIP	*****200,00	****200.00
CITY-S1-ZIP TITLE NAME STREET ADDRESS	TALLAHASSEE FL 32311 D LEE, EDDIE L 1405 VICTORIA STREET	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	*****200,00	****200.00
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4. For irretory that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an infact/year, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

3-27-96

915-3721