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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000053646 (2)

1. Corporation Name
ECONOMY INSULATION, INC.

Principal Place of Business 8280 BALMORAL DR. TALLAHASSEE FL 32311	Mailing Address P.O. BOX 3843 TALLAHASSEE FL 32315-3843
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2. Principal Place of Business 21 8280 Balmoral Dr. Suite, Apt. #, etc. 22 City & State 23 Tallahassee, Fl. Zip 24 32311 Country 25 Leon	2a. Mailing Address 26 P.O. Box 3843 Suite, Apt. #, etc. 27 City & State 28 Tallahassee, Fl. Zip 29 32315 Country 30 Leon
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3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report 03/27/1996
4. FEI Number 59-3345729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 COLEMAN, ELLIS JR 8280 BALMORAL DR. TALLAHASSEE FL 32311	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is 800002157838--2 83 N/A 84 City 85 Zip Code FL
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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 607.1505, Florida Statutes.

SIGNATURE *Coleman Ellis Jr. President* *Coleman Ellis Jr.* 01-19-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIS, COLEMAN JR. 8280 BALMORAL DRIVE TALLAHASSEE FL 32311 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	0 S Shelly Baity 4219 Crawfordville Hwy Tallahassee Fl. 32310 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, EDDIE L 1405 VICTORIA STREET TALLAHASSEE FL 32310 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	0 T Charles Gramham P.O. Box 3843 Tallahassee, FL 32315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	OFFICER'S Title's Per CONVERSATION w/ Coleman Ellis SCC 4-24-97 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 or changed, or on an attached sheet with an address.

SIGNATURE: *Coleman Ellis Jr.* 01-19-97 (904) 514-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)