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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000053646 (2)

ECONOMY INSULATION, INC.

FILED Apr 20 1998 8:00am Secretary of State



| | | | | | | i difin alib a d ibi dinin alika dika dibi |
|---|---|--|-------------------------------|--------------------|--|---|
| Principal Place of Business Mailing Address | | | | | is mirad illin mittel minim mall iffit | |
| 8280 BALMORAL DR. P.O. BOX 3843 | | | | | | |
| TALLAHASSEE FL 32311 TALLAHASSEE FL 32315-3 | | | 143 | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified | TO OF ACE |
| | | | | | 07/12/1995 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 8280 Balmoral Dr. 26 P.O. Box | | | 843 | | 59-3345729 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | | | \$8.75 Additional |
| Home Adress 27 | | | | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | e | City & State | City & State | | 6. Election Campaign Financing | \$5,00 May Be |
| 23 Tal. | lahassee, Fla. | 28 Tallahasses | Tallahassee, Fla. Zip Country | | Trust Fund Contribution | Added to Fees |
| Zip | Country | | Countr | у | 8. This corporation owes or has paid the | current year Intangible |
| 24 3231 | 125 | 29 32315 | 50 | | Personal Property Tax due June 30. | ☐ Yes ☐ No |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Register | ed Agent |
| C | OLEMAN, ELLIS JR | | 81 | Name | N/A | |
| 8280 BALMORAL DR. | | | | Street Add | dress (P.O. Box Number is Not Acceptable) | |
| TALLAHASSEE FL 32311 | | | | 1 00,000,710 | order (i.e. con realization to real recording) | |
| | | | 83 | | | |
| | | | 84 | City | | late 1 till Code |
| | | | 109 | City | F | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statutes | the abov | e-named col | | |
| office or r agent. I a | registered agent, or both, in the State am familiar with, and accept the oblic | e of Florida. Such change was au aations of, Section 607.0505. Flori | ithorized b ida Statute | y the corpora | rporation submits this statement for the purposation's board of directors. I hereby accept the a | appointment as registered |
| | A-1. | | | | Coleman Ellis, Jr. | 4/15/98 |
| 12. | Signature, typod or printed name of registered ag | pent and title if applicable (NOTE ND DIRECTORS | Registered Ag | ent signature requ | ADDITIONS/CHANGES TO OFFICERS A | ND DIDECTORS IN 12 |
| TITLE | OFFICERS AN | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| NAME | ELLIS, COLEMAN JR. | | 1.2 NAME | | | C Change C Modition |
| STREET ADDRESS | 8280 BALMORAL DRIVE | re l | | I ADDOLCC | N/A | |
| | TALLAHASSEE FL 32311 | | | T ADDRESS | N/A | |
| CITY-ST-ZIP TITLE | D | DELETE | 1.4 CITY - 2.1 TITLE | ST- ZIP | | Change Addition |
| NAME | LEE, EDDIE L | | 2.2 NAME | ł | | □ cusudo □ votition |
| | 1405 VICTORIA STREET | | | T LOODERC | | |
| STREET ADDRESS | TALLAHASSEE FL 32310 | | 2.3 STREET ADDRESS | | N/A | |
| CITY-ST-ZIP TITLE | S | DELETE | 2. 4 CITY- 3.1 TITLE | S1-ZIP | | Change Addition |
| | I | [] OLLGIE | | | | Change C Admitton |
| NAME | TALLALIA COFF FL COCAC | | 3.2 NAME 3.3 STREET ADDRESS | | N/A | |
| STREET ADDRESS | | | | | , - - | 1 |
| CITY-ST-ZIP | T | DELETE | 3.4. CITY - | ST-ZIP | | Change Addition |
| TITLE | GRAHAM, CHARLES | □ percic | 4.1 TITLE | | | L. Change L. Aboillon |
| NAME | P.O. BOX 3843 N/A | | 4. 2 NAME | | | |
| STREET ADDRESS | TALLAHASSEE FL 32315 | | | T ADDRESS | N/A | |
| CITY-ST-ZIP | IALLANASSEE PL 32315 | nei ete | 44 City- | ST-ZIP | • | - Change Addition |
| TITLE | | ☐ DÉLETE | | | 4000024942494 hange DA -04/21/9801003005 | jili i kodikoli jili i kodikoli |
| NAME | | | 5.2 NAME | | ***150.00 | 000 |
| STREET ADDRESS | | | | T ADDRESS | 4.444 T. T. D. * CHT. | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY - : | ST-ZIP | | Channe Classes |
| TITLE | | DELETE | 6.1 TITLE | 1 | | Change Addition |
| NAME | | | 6.2 NAME | | | ·)~ |
| STREET ADDRESS | | | | ADDRESS | | 41m- |
| CITY-ST-ZIP | | Secretaria de la companya della companya della companya de la companya della comp | 6.4 CITY- | | 0 | 111 |
| 15. I Dereby (| centry that the information supplied v | with this tiling does not qualify for | the exemi | nion stated it | n Section 119.07(3)(i) Florida Statutes I further | Certity that media ntormation 1 |

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that Naminormatio indicated on this annual report or suppliemental 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 it changed or on an attachment within adverse.

CNATURE: