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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - Zif

SIGNATURE: Tammy Rudisiii



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059390 (1)

REESE WILLIAMS INSULATION, INC.

Principal Place of Business Mailing Address 6125 WILDERNESS AVE 8125 WILDERNESS AVE COCOA FL 32927-3803 COCOA FL 32927 3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1995 04/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3351877 26 Not Applicable Suite, Apt. #, etc. Suite Ant # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z_{10} Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMS, TIMMY 6125 WILDERNESS AVE 82 Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32927 63 City 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Timmy Williams
Statistical types or profess bands of registered agent and tree if applicable nen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition 1.1 TITLE Title WILLIAMS, TIMMY 1.2 NAME 6125 WILDERNESS AVE 1.3 STREET ADDRESS STREET ADDRESS COCOA FL 32927 City - \$1 - ZiP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THE RUDISKLL, TAMMY 2.2 NAME NAM 6125 WILDERNESS AVE STREET ADDRESS 2.3 STREET ADDRESS **COCOA FL 32927** CHY-ST-ZIP 2 4 CITY-ST-7IP DELETE ☐ Change Addition 31 TITLE ПЩЕ NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - S1 - 20 DELETE Change 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-S1-ZIP DELETE Change Addition THE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-SI-ZIF DELETE Change Addition THE 6 1 TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADORESS

6.4 CITY - ST- ZIP

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 legat 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.