

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073218 (6)**

1. Corporation Name

**POLAR INSULATION, INCORPORATED**



Principal Place of Business

Mailing Address

1695 HIGHWAY 98, WEST  
UNIT 303  
MARY ESTHER FL 32569

1695 HIGHWAY 98, WEST  
UNIT 303  
MARY ESTHER FL 32569

3. Date Incorporated or Qualified  
**09/21/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1134 N. Ferdon Blvd**

26 **P. O. Box 3111**

4. FEI Number  
**59-3336454**

Applied For  
Not Applicable

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

23 City & State

28 City & State

**Crestview, FL 32536**

**Ft Walton Bch, FL**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

**32536**

**Okaloosa**

**32547**

**Okaloosa**

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRITT, DAWN**  
1695 HIGHWAY 98, WEST  
UNIT 303  
MARY ESTHER FL 32569

81 Name

**Ted Estey**

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

**1134 N. Ferdon Blvd**

83

84 City

**Crestview**

**FL**

85 Zip Code  
**32536**

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 607.0509, Florida Statutes.

SIGNATURE

*Ted Estey*

(NOTE: Registered Agent signature is required)

**6/5/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRITT, DAWN</b>	
STREET ADDRESS	<b>1695 HIGHWAY 98, WEST, UNIT 303</b>	
CITY-ST-ZIP	<b>MARY ESTHER FL 32569</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIES, RICHARD</b>	
STREET ADDRESS	<b>1695 HIGHWAY 98, WEST, UNIT 303</b>	
CITY-ST-ZIP	<b>MARY ESTHER FL 32569</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ESTEY, TED</b>	
STREET ADDRESS	<b>1695 HIGHWAY 98, WEST, UNIT 303</b>	
CITY-ST-ZIP	<b>MARY ESTHER FL 32569</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vice President</b>
2.3 STREET ADDRESS	<b>Richard Davies</b>
2.4 CITY-ST-ZIP	<b>1134 N. Ferdon Blvd</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>President</b>
3.3 STREET ADDRESS	<b>Ted Estey</b>
3.4 CITY-ST-ZIP	<b>1134 N. Ferdon Blvd</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vice Pres</b>
4.3 STREET ADDRESS	<b>David Holladay</b>
4.4 CITY-ST-ZIP	<b>40 White Rd</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**20001868892**  
**-06/20/96--01021--049**  
**\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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.

SIGNATURE: *Ted Estey* **TED ESTEY** 1 May 96 904-689-1144

CR2E034 (12/95)