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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073218 (6)

POLAR INSULATION, INCORPORATED

Principal Place of Business 1134 N. FERDON BLVD. Mailing Address

FILED Feb 18 1997 8:00am Secretary of State



| 1134 N. FERDON BLVD. CRESTVIEW FL 32536 | | P.O. BOX 3111 FT. WALTON BCH. FL 32547-0111 | | | | | | | |
|---|--|--|-------------|--------------------------|-------------|---|---|------------------------------|-------------------|
| | | | | | | 3. Date incorporated or Qualified 09/21/1995 | | e of Last R 9/1996 | eport |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Ar | plied For |
| 21 | | 26 1134 N. Ferdon Blvd | | | 59-3336454 | | | t Applicable | |
| Suite, Apt # | 11 c 4 c - 1 | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | |
| City & State 23 | | | | 32536 | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 Added | |
| Z(p 24] | Country 25 | Zip 29 | \vdash | ountry Okalo c | sa | | Yes 🗀 |] No | . 199.032, |
| | 9. Name and Address of Curren | t Registered Agent | | 81 Na | me | 10. Name and Address of New Re | gistered A | gent | |
| | EY, TED | | | l Na | iie | | | | |
| 1134 N. FERDON BLVD. Crestview Fl. 32536 | | | | | et Add | ress (P.O. Box Number is Not Acceptab | le) | | |
| | | | | 83 | | | | | |
| | | | | 84 Cit | | | FL | | Code |
| 11. Pursuant t | to the provisions of Sections 607.059 | 2 and 607,1508, Florida Statu | tes, the | above-nar | ed corp | poration submits this statement for the p | urpose of | changing it | ts registered |
| agent. Far | n familiar with, and accept the obliga | ations of, Section 607.0505, F | | | corpora | tion's board of directors. I hereby accep | | munon as | regisiered |
| SIGNATURE | Jel Le | y Tex | J | stey | | | 2/10/ | ? 7 | |
| 12. | argust well typical or pented name of registered age OFFICERS ANI | | If. Registe | | ature requi | red when reinstating) ADDITIONS/CHANGES TO OFFICE | ERS AND | DIRECTOR | RS IN 12 |
| TILLS | D | DELETE | | TITLE | | - were to the total to the terms of the | | ☐ Change | Addition |
| NAME | PRITT, DAWN | _ | | NAME | | | | • | |
| STREET ADDRESS | 1695 HIGHWAY 98, WEST, UN | IIT 3 03 | 1.3 | STREET ADDR | ss | | | | |
| CITY - ST - ZIP | MARY ESTHER FL 32569 | | 1.4 | CITY-ST-ZIP | | | | | |
| TITLE | V | DELETE | 2.1 | TITLE | T | | | Change | Addition |
| NAME | DAVIES, RICHARD | | 2.2 | NAME | | | | | |
| STREET ADDRESS | 1134 N. FERDON BLVD. | | 2.3 | STREET ADDR | ss | | | | |
| CITY - \$1 - ZIP | CRESTVIEW FL 32536 | Dr. Pro | | CITY-ST-ZIP | | , | | 101 | 1220 |
| TOLE | P FOTEV TED | DELETE | 1 | TITLE | | | ! | L Change | Addition |
| NAME CENTER ASSESSED | ESTEY, TED 1134 N. FERDON BLVD. | | - 1 | NAME | | | | | |
| STREET ADDRESS | CRESTVIEW FL 32536 | | | STREET ADDR | : I | | | | |
| CITY-ST-ZIP TITLE | V V | DELETE | | . CITY-ST-Z# Title | | | | Change | Addition |
| NAME | HOLLADAY, DAVID | | | NAME | | | ' | | |
| STREET ADDRESS | 40 WHITE RD. | | | STREET ADDR | ess | | | | |
| CITY - ST - ZIP | DEFUNIAK SPRINGS FL 32433 | 3 | 4.4 | CITY-ST-ZIP | | | | | |
| TOTALE | Downtol Cl. 1 | DELETE | 5.1 | TITLE | V | | *************************************** | Change | X Addition |
| NAME | Derrick Claybrone | • | 5.2 | NAME | De | errick Claybrone | | | |
| STREET ADDRESS | 104-A Harborson Dr. | | 5.3 | STREET ADDR | | 04-A Harborson Drive | | | |
| City-St-7@ | Ft Walton Beach, Fl | | | CITY-ST-ZIP | Ft | Walton Beach, FL 3 | 2548 | | |
| TITLE | | ☐ DELETE | | TITLE | | | | Change | Addition |
| NAME | | | | NAME | - 1 | | | | |
| STREET ADDRESS | | | | STREET ADDR | ESS | | | | |
| CITY-S1-7:2 | | | 6.4 | CITY ST ZIP | - 1 | | | | |

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 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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAMED

Ted Estey

2/10/97 /904 689-1144