


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

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000030877 (0)**

1. Corporation Name
FLORIDA FOAM FIT INSULATORS, INC.



Principal Place of Business PO BOX 20067 BRADENTON FL 34204	Mailing Address PO BOX 20067 BRADENTON FL 34204-0067
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2. Principal Place of Business 21 675 Tallerest Road Suite, Apt. #, etc. 22 _____ City & State 23 Sarasota, Florida Zip Country 24 34243 25 Manatee		2a. Mailing Address 26 675 Tallerest Road Suite, Apt. #, etc. 27 _____ City & State 28 Sarasota, Florida Zip Country 29 34243 30 Manatee		3. Date Incorporated or Qualified 04/09/1996	3a. Date of Last Report 4/9/96
		4. FEI Number 65-0673005		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/>		Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SLADE, DAVID A 4149 - 68TH ST. CIRCLE WEST BRADENTON FL 34209		10. Name and Address of New Registered Agent 81 Name Allen E. Langdon 82 Street Address (P.O. Box Number is Not Acceptable) 125 First Ave. 83 _____ 84 City NOKOMIS, FL 85 Zip Code 34275	
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 607.0505, Florida Statutes. SIGNATURE Allen E. Langdon Allen E. Langdon 2/5/97 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTHERLAND, MICHAEL P 4149 - 68TH ST. CIRCLE WEST BRADENTON FL 34209	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3918 75th Street West #1906 Bradenton, Florida 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLADE, DAVID A 4149 - 68TH ST. CIRCLE WEST BRADENTON FL 34209	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 616 129th Street NE Bradenton, Florida 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTHERLAND, PHILIP O 2401 HALSEY AVE. NEW ORLEANS LA 70114	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Deborah L. Sutherland 3918 75th Street West, #1906 Bradenton, Florida 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Mary S. Slade 616 129th Street NE Bradenton, Florida 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<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 if changed, or on an attachment with an address.

SIGNATURE: **Deborah L. Sutherland** **Treasurer** **4/15/97** **941 355-2626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)