

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90065 048 ***150.00

0293746

DOCUMENT # P96000068249

1. Corporation Name

COASTAL INSULATION, INC.



Principal Place of Business

5940 N.W. 16TH STREET
SUNRISE FL 33313

Mailing Address

5940 N.W. 16TH STREET
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 800 NW 72nd Terrace

Suite, Apt. #, etc.

22

City & State

23 Plantation, FL

Zip

24 33317

Country

25 Broward

2a. Mailing Address

26 800 NW 72nd Terrace

Suite, Apt. #, etc.

27

City & State

28 Plantation, FL

Zip

29 33317

Country

30 Broward

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

65-0687987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SILVERS, KATHY
5940 NW 16H ST
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name

Kathy Silvers

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

800 NW 72ND Terrace

83

84 City

Plantation

FL

85 Zip Code

33317

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

Kathy Silvers President

1-4-99

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SILVERS, KATHY
STREET ADDRESS 5940 N.W. 16TH ST.
CITY-ST-ZIP SUNRISE FL

TITLE VP ☐ DELETE

NAME SILVERS, JEFFREY
STREET ADDRESS 5940 N.W. 16TH ST.
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 800 NW 72nd Terrace

1.4 CITY-ST-ZIP Plantation, FL 33317

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 800 NW 72nd Terrace

2.4 CITY-ST-ZIP Plantation, FL 33317

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Kathy Silvers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 954-731-3101

Date

Daytime Phone #

CR2E034 (11/98)