

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000033052 (6)**  
1. Corporation Name

**THERMAL INSULATION OF CENTRAL FLORIDA, INC.**

Principal Place of Business

**600 N THACKER AVE  
SUITE D-33  
KISSIMMEE FL 34741**

Mailing Address

**600 N THACKER AVE  
SUITE D-33  
KISSIMMEE FL 34741**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/10/1997**

4. FEI Number

**62-1686853**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

23. City & State

**24** Zip **25** Country

2a. Mailing Address

**26** **P.O. Box 982**

Suite, Apt. #, etc.

27. City & State

**28** **Decatur, AL**

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

**HUGHES, D. GRAY  
600 N THACKER AVE  
SUITE D-33  
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL** **85** 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-17-98**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HUGHES, GRAY**  
STREET ADDRESS **2017 PENNYLANE SE**  
CITY-ST-ZIP **DECATUR AL 35601**

TITLE **D** ☐ DELETE

NAME **HUGHES, SHELLEY**  
STREET ADDRESS **2017 PENNYLANE SE**  
CITY-ST-ZIP **DECATUR AL 35601**

TITLE **D** ☐ DELETE

NAME **BUSBY, PEGGY I**  
STREET ADDRESS **1520 BLACKHALL LN SE**  
CITY-ST-ZIP **DECATUR AL 35601**

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

CR2E034 (5/98)