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FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000077077 (0)

1. Corporation Name

ADVANCED INSULATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

2816 NORTH OCEANSHORE BLVD.
FOLLER BEACH FL 32136

Mailing Address

POST OFFICE BOX 127
FOLLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

69-3469539

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

22 City & State

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

KNIGHT, JERRY C
2825 NORTH OCEANSHORE BLVD.
FOLLER BEACH FL 32136

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME President

STREET ADDRESS Frank G. Rodriguez

CITY-ST-ZIP 2816 N. Oceanshore Blvd.

TITLE ☐ DELETE

NAME Vice President

STREET ADDRESS Craig Russell

CITY-ST-ZIP 511 Foxholloa Dr

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP St Augustine, FL 32036

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

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 change is shown on an attachment with an address.

SIGNATURE:

[Signature] May 8, 1998

CR2E034 (10/97)