PROFIT: **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102236

1. Corporation Name

GODDARD MECHANICAL INSULATION, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90056 025 ***150.00 03-02-1999 90056 026 *****8.75



Principal Place	e of Business	Mailing Address					.,	
130 MEADOWBROOK DRIVE		130 MEADOWBROOK DRIVE					,	
ORANGE PARK FL 32073		ORANGE PARK FL 32073		DO NOT WRI	TE IN TUIC (PACE		
					3. Date Incorporated or Qualifed	IE IN INIO	PACE	
					12/01/1997			
2 Dringing Pl	loca of Rusiness	2a. Mailing Address			4. FEI Number		- T An	plied For
2. Principal Place of Business		26 P.O. Box 0567		59-3483497			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75		
22		27		5. Certifcate of Status Desired	, 🗷	Fee Re	II	
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	
23		28		Trust Fund Contribution		Added t	•	
Zip	Country		Country		8. This corporation owes the curr	ent year Inta	ngible	
24	25	29 30 30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	tegistered A	gent	
	DADD AUGTON		81	Name				Ì
	DARD, MYRTON		82	Street Ad	Idress (P.O. Box Number is Not Accepta	ible)		
	MEADOWBROOK DRIVE							
ORAI	NGE PARK FL 32073		83					
ı			84	City		FI	85 Zip (Code
44 Durauant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes th	e abovi	e-named co	rporation submits this statement for the	purpose of c	hanging its	registered
office or n	registered agent, or both, in the State of medical familiar with, and accept the obligation	of Florida. Such change was authori	ized by	the corpora	ation's board of directors. I hereby accep	t the appoin	tment as re	gistered
SIGNATURE	in tanina with, and docopt the congain	01,000,000,000,000,000,000,000,000		-				
SIGNATORE	Signature, typed or printed name of registered agent			t signature req	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12 Addition
TITLE	PD		.1 TITLE				Criange	Addition
NAME	GODDARD, MYRTON		.2 NAME					
STREET ADDRESS	130 MEADOWBROOK DRIVE			ADDRESS			,	
CITY-ST-ZIP	ORANGE PARK FL 32073		4 CITY-S	T-ZIP	tr-		Change	Addition
TITLE	VPD	-	2.1 TITLE		oddard Shown Dale		Es onange	
NAME	GALLAGHER, RICHARD		2.2 NAME	٠	30 meadoubtook Otiv	_		
STREET ADDRESS	100 WELLWATER DRIVE					5-154	ο .	}
CITY-ST-ZIP	PALM COAST FL 32174		2. 4 CITY-5		<u> </u>	<u>ا حول د</u>	Change	Addition
TITLE	SD DATE		3.1 TITLE	S	Ital A Knowlan		- Orlange	
NAME	GALLAGHER, PAT		3.2 NAME		zoddard, 1947 (ph			Į
STREET ADDRESS	100 WELLWATER DRIVE							[
CITY-ST-ZIP				- <u>-</u> -	30 meadoubtool 2772	155h		
	PALM COAST FL 32174	3	3.4. CITY-5	- <u>-</u> -	30 Meadaubrack 2710 Trange Park, FL 32013	2340	Change	Addition i
TITLE	TD	DELETE 4	4.4. CITY-5	- <u>-</u> -	Hange Park, FL 30073-	95C	Change	☐ Addition
NAME	TD GODDARD, SHAWN DALE		8.4. CITY-5 8.1 TITLE 8. 2 NAME	iT-ZIP	Hange Park, FL 30073-	1340 <u></u>	Change	☐ Addition (
	TD GODDARD, SHAWN DALE 130 MEADOWBROOK DRIVE	3 ☐ DELETE 4 4 4 4 4	3.4. CITY- 5 4.1 TITLE 4. 2 NAME 4.3 STREE	T-ZIP	Hange Park, FL 30073-	1340 <u></u>	☐ Change	☐ Addition (
NAME STREET ADDRESS CITY-ST-ZIP	TD GODDARD, SHAWN DALE	3 DELETE 4 4 4 4	8.4. CITY-5 8.1 TITLE 8. 2 NAME 8.3 STREE 8.4 CITY-S	T-ZIP	Hange Park, FL 30073	J340_		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TD GODDARD, SHAWN DALE 130 MEADOWBROOK DRIVE	3	8.4. CITY-5 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.5 TITLE	T-ZIP	Hange Park, FL 30073-	<u>1240</u>	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD GODDARD, SHAWN DALE 130 MEADOWBROOK DRIVE	DELETE 4 4 4 DELETE 5	8.4. CITY-5 8.1 TITLE 8.2 NAME 8.3 STREE 8.4 CITY-S 5.3 TITLE 5.2 NAME	T-ZIP	Hange Park, FL 30073-	<u>186</u>		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD GODDARD, SHAWN DALE 130 MEADOWBROOK DRIVE	DELETE DELETE DELETE S	8.4. CITY-5 8.1 TITLE 8.2 NAME 8.3 STREE 8.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS T-ZIP T ADDRESS	Hange Park, FL 30073-	<u> 1540</u>		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GODDARD, SHAWN DALE 130 MEADOWBROOK DRIVE	DELETE DELETE DELETE 5 5	8.4. CITY-5 9.1 TITLE 9.2 NAME 9.3 STREE 9.4 CITY-S 9.5.1 TITLE 9.5.2 NAME 9.5.3 STREE 9.5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS	Hange Park, FL 30073-	<u> 1540</u>	Change	☐ Addition :
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TD GODDARD, SHAWN DALE 130 MEADOWBROOK DRIVE	DELETE DELETE	8.4. CITY-5 8.1 TITLE 8.2 NAME 8.3 STREE 8.4 CITY-S 5.5 TITLE 5.2 NAME 5.3 STREE 6.4 CITY-S 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS	Hange Park, FL 30073-	<u> 1540</u>		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GODDARD, SHAWN DALE 130 MEADOWBROOK DRIVE	DELETE DELETE DELETE DELETE DELETE DELETE DELETE 6	3.4. CITY-\$ 9.1 TITLE 1. 2 NAME 1.3 STREE 1.4 CITY-\$ 9.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-\$ 9.1 TITLE 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS	Hange Park, FL 30073-	<u> 1540</u>	Change	☐ Addition :

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: 9