

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90036 020 ***150.00

DOCUMENT # P98000003870

1. Corporation Name
GENESIS INSULATION, INC.



Principal Place of Business Mailing Address
7901 BAYMEADOWS CIRCLE EAST, STE. 546 7901 BAYMEADOWS CIRCLE EAST, STE. 546
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256

2800 Lantana Lakes Dr. W.
Jacksonville, FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/14/1998

4. FEI Number Applied For
593489839 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 2800 Lantana Lakes Dr. W. 26 same
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 Jacksonville, FL 28

24 Zip 25 Country 29 Zip 30 Country
32246 USA

9. Name and Address of Current Registered Agent

CROSSLEY, STEVEN F
7901 BAYMEADOWS CIRCLE EAST, STE. 546
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2800 Lantana Lakes Dr. W.
83
84 City Jacksonville FL 85 Zip Code 32246

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 Steven F. Crossley, President 1/5/99
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 D/P/T ☐ DELETE
NAME CROSSLEY, STEVEN F
STREET ADDRESS 7901 BAYMEADOWS CIRCLE EAST, STE. 546
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE V/P/S ☐ DELETE
NAME Bernadette Crossley
STREET ADDRESS 2800
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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven F. Crossley 1/5/99 904 998 4117
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)