

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 90057 013 \*\*\*150.00

DOCUMENT # P98000010710

1. Corporation Name

BROCKMEYER INSULATION, INC.

Principal Place of Business

1511 S.W. 53RD TERRACE  
CAPE CORAL FL 33914

Mailing Address

1511 S.W. 53RD TERRACE  
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number

65-0809684

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROCKMEYER, DORIS F  
1511 S.W. 53RD TERRACE  
CAPE CORAL FL 33914

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BROCKMEYER, DORIS F  
STREET ADDRESS 1511 S.W. 53RD TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33914

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BROCKMEYER, JAMES L  
STREET ADDRESS 1511 S.W. 53RD TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33914

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BROCKMEYER, CANDACE  
STREET ADDRESS 1511 S.W. 53RD TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33914

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE T/D ☐ Change ☒ Addition

4.2 NAME CONRAD, CHERYL L.  
4.3 STREET ADDRESS 2867 OLEANDER ST.  
4.4 CITY-ST-ZIP St. James City FL 33956

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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: Doris F Brockmeyer

1/31/99

94 542-1511

CR2E034 (11/98)