2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 08, 2004 8:00 am Secretary of State DOCUMENT # P98000060402 03-08-2004 90019 023 ***150.00 SOUTHERN INSULATION SYSTEMS, INC. Principal Place of Business Mailing Address 349 HONEY COVE COURT, S.W. FORT WALTON BEACH FL 32548 349 HONEY COVE COURT, S.W. FORT WALTON BEACH FL 32548 34025548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3520816 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, WILLIAM A 349 HÓNEY COVE COURT, S.W. Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ★ Change Addition DAVIS, WILLIAM A William A. Davis NAME NAME STREET ADDRESS PO DRAWER 550 N/A 349 Honey Cove Ct. STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32598-0550 CITY-ST-ZIP Fort Walton Beach FL 32548 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VESEY, CAROL D NAME STREET ADDRESS 349 HONEY COVE CT SW STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME BROOKS, LESLIE F NAME STREET ADDRESS 349 HONEY COVE CT SW STREET ADDRESS CITY-ST-7IP FORT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP · CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

FILED