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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S65467 (0)

1. Corporation Name
R-S INSULATION CORP.

Principal Place of Business

Mailing Address

P O BOX 37
DAVENPORT FL 33637-0037

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DAVENPORT FL 33637-0037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1991

4. FEI Number

59-3080408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 451 US Hwy 27S

Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 7

Suite, Apt. #, etc.

City & State

23 LAKE HAMILTON, FL

Zip

24 33851

Country

25 USA

City & State

28 LAKE HAMILTON, FL

Zip

29 33851

Country

30 USA

9. Name and Address of Current Registered Agent

ROCKER, J. THOMAS
2740 SEQUOYAH DR
HAINES CITY FL 33844

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROCKER, J. THOMAS
STREET ADDRESS 2740 SEQUOYAH DR
CITY-ST-ZIP HAINES CITY FL

TITLE STD ☐ DELETE

NAME ROCKER, KAY W.
STREET ADDRESS 2740 SEQUOYAH DR
CITY-ST-ZIP HAINES CITY FL

TITLE VD ☐ DELETE

NAME PEARSON, BENJAMIN F. III
STREET ADDRESS 2255 CRUMP RD
CITY-ST-ZIP WINTER HAVEN FL

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.

SIGNATURE

[Signature] J. T. Rocker

1/23/98

941-439-7720

CR2E034 (10/97)