

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # V01356

(7)

1. Corporation Name

SPEARS INSULATION CO., INC.

Principal Place of Business

P.O. BOX 711
EUSTIS FL 32727-0711

Mailing Address

P.O. BOX 711
EUSTIS FL 32727-0711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1992

3a. Date of Last Report

01/25/1994

4. FID Number

59-3097612

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 has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Officers or Directors

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPEARS, DONNA J.
528 S CENTER
EUSTIS FL**

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 607.0509, Florida Statutes.

SIGNATURE

[Signature]

Donna J. Spears

1-11-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME

**D
SPEARS, JAMES E., SR.
2587 HWY 44 W
EUSTIS FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.5 CITY, ST, ZIP

1.6 NAME

**D
SPEARS, DONNA J.
2587 HWY 44 W
EUSTIS FL**

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY, ST, ZIP

2.4 CITY, ST, ZIP

2.5 NAME

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY, ST, ZIP

3.4 CITY, ST, ZIP

3.5 NAME

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY, ST, ZIP

4.4 CITY, ST, ZIP

4.5 NAME

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY, ST, ZIP

5.4 CITY, ST, ZIP

5.5 NAME

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY, ST, ZIP

6.4 CITY, ST, ZIP

6.5 NAME

7.1 NAME

7.2 STREET ADDRESS

7.3 CITY, ST, ZIP

7.4 CITY, ST, ZIP

7.5 NAME

SIGNATURE:

[Signature]

Donna J. Spears

1-11-95 (904) 357-3936

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR