

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000006679 (4)**  
 1. Corporation Name  
**IBERVILLE INSULATIONS, INC.**



Principal Place of Business <b>P.O. BOX 15568 BATON ROUGE LA 70895</b>	Mailing Address <b>P.O. BOX 15568 BATON ROUGE LA 70895</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/29/1994</b>	
21. Principal Place of Business <b>11637 SUNBELT COURT</b> Suite, Apt. #, etc.	2a. Mailing Address <b>P.O. Box 87530</b> Suite, Apt. #, etc.
22. City & State <b>BATON ROUGE LA</b>	27. City & State <b>BATON ROUGE LA</b>
23. Zip <b>70809</b>	28. Zip <b>70879-8530</b>
24. Country	29. Country
4. FEI Number <b>72-0927182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>POWELL, RICHARD H 92 EGLIN PARKWAY NE FORT WALTON BEACH FL 32548</b>		81. Name
		82. Street Address (P.O. Box Number is Not Acceptable)
		83.
		84. City
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PC BONVILLIAN, C M</b>	1.2 NAME	
STREET ADDRESS	<b>6234 LANDMOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWELL SPRINGS LA 70739</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD WARTHEN, HERMAN H JR</b>	2.2 NAME	
STREET ADDRESS	<b>RT 2 BOX 144</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IBERVILLE LA</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Chris M Bonvillian* **4-14-98 504-752-2194**

CR2E034 (10/97)