2005 FOR PROFIT CORPORATION

ANNUAL REPORT FILED **DOCUMENT # F00000007273** 05 JAN 24 AH 11: 47 NATIONAL FIXTURE INSTALLATIONS, INC. SECRETART OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business **601 NORTH EIGHTH STREET 601 NORTH EIGHTH STREET** NILES, MI 49120 NILES, MI 49120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10262004 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 38-3268244 Not Applicable Zip Zip Country Country \$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 C-T-CORPORATION-SYSTEM-Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CHAIRMAN ☐ Delete **☑** Change ☐ Addition TITLE ROBINSON, WAYNE W. ROBINSON, WAYNE W NAME NAME 817 BLOSSOM HEATH STREET ADDRESS 153567 WENTWORTH COURT STREET ADDRESS CITY-ST-ZIP GRANGER, IN 46530 CITY-ST-ZIP KETTERING, OHIO 45419 Delete Change ☐ Addition TITLE STEWART, BONITA NAME NAME 601 N, EIGHTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NILES, MI 49120 CITY-ST-ZIP C Delete TITLE ☐ Change ☐ Addition TITLE -LEECH, ROBERT F NAME - 200043793902 STREET ADDRESS 4504 CHATAHOOCHEE WAY STREET ADDRESS 01/03/05---01014---002 **150.00 CITY-ST-ZIP MARIETTA, GA 30067 CITY-ST-ZIP TITLE ☐ Change Addition Delete LOVETT, DARYLE A. 4202 PARWOOD CINCLE FORDHAM, DONALD P NAME NAME 10559 DE-LO-ME LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLYMOUTH, IN 46563 CITY-ST-ZIP MISHAUAKA IN 46545 Change Delete TITLE Addition TITLE OLSON, DAUID S. NAME 50601 EAST WEEPING WILLOW QUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GRANGEN IN 46530 Delete ☐ Change Addition TAPIA, EOWAND D. NAME NAME 52165 FRIANA COUNT; ADT B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZN 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: