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CORPORATION ANNUAL REPORT
1995

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

3/17/95 B- 5283

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:40

DOCUMENT # P30671 (2)

1. Corporation Name
INSTALLATION TECHNICIANS, INC.

Principal Place of Business	Mailing Address
HWY 13 N., CORP. CIR. BLDG. P O BOX 399 KIMBERLING CITY MO 65686	HWY 13 N., CORP. CIR. BLDG. P O BOX 399 KIMBERLING CITY MO 65686

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/14/1990
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 43-1534428 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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	PD	1.1 TITLE	President ☒ Change ☐ Addition
NAME	SCHUETZ, JERRY G.	1.2 NAME	GERALD W. HARTMAN
STREET ADDRESS	HWY 13 N. CORP. CITY BLD	1.3 STREET ADDRESS	139 Schooner Bay Landing
CITY-ST-ZIP	KIMBERLING CITY MO	1.4 CITY-ST-ZIP	Kimberling City, Mo 65686
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	EKSTROM, JOHN	2.2 NAME	
STREET ADDRESS	1830 EAGLE TRACE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	NOELL, LINDA	3.2 NAME	
STREET ADDRESS	HWY 13 N. CORP. CITY BLD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KIMBERLING CITY MO	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ATKINS, THOMAS E., III	4.2 NAME	
STREET ADDRESS	901 NORTH COLLEGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MO	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DAVID, L	5.2 NAME	
STREET ADDRESS	HWY 13 N. CORP. CITY BLD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KIMBERLING CITY MO	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3-9-95 417-739-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400047 FN