

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

08/14/1990

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

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 607.0602 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 607.0535, Florida Statutes.

SIGNATURE

Signature of the person making this filing (Signature of the Registered Agent is required when changing)

Signature of the Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

HARTMAN, GERALD, W
139 SCHOONER BAY LANDING
KIMBERLING CITY MO

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VD

☐ DELETE

NAME

EKSTROM, JOHN
1830 EAGLE TRACE BLVD
CORAL SPRINGS FL

STREET ADDRESS

CITY-STATE-ZIP

TITLE

S

☐ DELETE

NAME

NOELL, LINDA
HWY 13 N. CORP. CITY BLD
KIMBERLING CITY MO

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

ATKINS, THOMAS E., III
901 NORTH COLLEGE
COLUMBIA MO

STREET ADDRESS

CITY-STATE-ZIP

TITLE

T

☐ DELETE

NAME

SMITH, DAVID, L
HWY 13 N. CORP. CITY BLD
KIMBERLING CITY MO

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

☐ Change

☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

☐ Change

☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

☐ Change

☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

☐ Change

☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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)(g), 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, or 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

417-739-5111

CR2E034 (12/95)