

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90063 035 \*\*\*150.00

DOCUMENT # P30671

1. Corporation Name

INSTALLATION TECHNICIANS, INC.



Principal Place of Business

HWY 13 N., CORP. CIR. BLDG.  
P O BOX 399  
KIMBERLING CITY MO 65686

Mailing Address

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

4. FEI Number

43-1534428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HARTMAN, GERALD, W  
STREET ADDRESS 139 SCHOONER BAY LANDING  
CITY-ST-ZIP KIMBERLING CITY MO

TITLE VD ☐ DELETE

NAME EKSTROM, JOHN  
STREET ADDRESS 1830 EAGLE TRACE BLVD  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE S ☐ DELETE

NAME NOELL, LINDA  
STREET ADDRESS HWY 13 N. CORP. CITY BLD  
CITY-ST-ZIP KIMBERLING CITY MO

TITLE D ☐ DELETE

NAME ATKINS, THOMAS E., III  
STREET ADDRESS 901 NORTH COLLEGE  
CITY-ST-ZIP COLUMBIA MO

TITLE T ☐ DELETE

NAME SMITH, DAVID, L  
STREET ADDRESS HWY 13 N. CORP. CITY BLD  
CITY-ST-ZIP KIMBERLING CITY MO

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID L. SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-99 417-739-5111

CR2E034 (11/98)