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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000006081

INSTALLER INSTITUTE, INC.

Principal Place of Business Mailing Address 460 WALKER ST. 480 WALKER ST. HOLLY HILL FL 32017 HOLLY HILL FL 32017 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/16/1992 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-3121706 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, WILLIAM H JR. 460 WALKER ST. Street Address (P.O. Box Number is Not Acceptable) 82 HOLLY HILL FL 32017 83 84 Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typied or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ncilibbA 🔲 TITLE 1.1 TITLE JONES, WILLIAM H JR. NAME 1.2 NAME 460 WALKER ST. STREET ADDRESS 1.3 STREET ADDRESS **HOLLY HILL FL 32017** 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ⚠ Addition DELETE 21 TITLE Secretar TITLE Securony JAMES P. MANITANI 460 WALKER STREET JAMES P. NARLITANO 22 NAME NAME 460 WALKER STIME STREET ADDRESS 2.3 STREET ADDRESS Acres 14 UFC 32117 Holly HUL PL 32117 2.4 CITY-ST-ZIP CHIY-ST-ZIF DELFTE Change ncilibbA ... THILE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change neilibbA 🔲 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change 5.1 TITLE THLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 eath; 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 City - \$1 - ZiP

6.1 TITLE

6 2 NAME

DELETE

2/2/11 (90/257-116

neifibbA ...

Change

8-Aug 26 1998 8:00am

Secretary of State