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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9300 T. Installers, Inc.	00012173 (9)) (1010 1000) 1000 1000 1010 1000
Principal Place	of Business	Mailing Address	<u> </u>	L (00) 00 111 1000 11 1 19 10 1	E4848 49401 91011 18000 4114 1801
921 COCONUT DR. N FT MYERS FL 33903-4201		921 COCONUT DR. N FY MYERS FL 33903-4201		DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified	
- 5: -:15:				02/10/1993 4. FEI Number	
2, Principal Pi	ace of Business	2a. Mailing Address		"	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0390824	\$8.75 Additional
22	, 0.0.	27		5. Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	26	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curr	rent Registered Agent		10. Name and Address of New Register	red Agent
HO	ward, Marvin		81 Name		
921 COCONUT DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	···
NF	T MYERS FL 33903		B3		
•			84 City		85 Zip Code
			'		FLITT
SIGNATURE	Stgnature, typed or printed name of registered		E Registered Agent signature requ	poration submits this statement for the purpo- tion's board of directors. I hereby accept the ired when reinstairing) DA ADDITIONS/CHANGES TO OFFICERS	TE
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, MARVIN		1.2 NAME		
STREET ADDRESS	921 COCONUT DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL		1.4 CITY-ST-ZIP		<u> </u>
TITLE		DELETE	2.1 TITLE		Change . Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		C Dittit	3.2 NAME		Ci cominge Ci vonition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		4.
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP		Des exc	54 CITY-ST-ZIP		Change Lagren
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME PROCESS			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		•

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 roceiver 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:

3-10-98

FILED

Apr 29 1998 8:00am

Secretary of State