

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # 193000087905

1. Corporation Name

South ITM, Inc.

Principal Place of Business

Mailing Address

5750 MAJOR BLVD SE 280
OKLAHOMA, OK 73119

3. Date Incorporated or Qualified

12/27/93

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3215513

Applied For

Not Applicable

22 Suite Apt #, etc

27 Suite Apt #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 City

25 Country

29 City

30 Country

8. This corporation has liability for intangible tax under § 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name L. CHADA

82

Street Address (P.O. Box Number is Not Acceptable)

5750 MAJOR BLVD SE 280

83

84

City OKLAHOMA

FL

85 Zip Code

73119

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 of officer or director of corporation, receiver or trustee of corporation

Date of signature (if person is not a resident of Florida, date of filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME

NAME L. CHADA

STREET ADDRESS

STREET ADDRESS 5750 MAJOR BLVD

CITY, ST, ZIP

CITY, ST, ZIP OKLAHOMA, OK 73119

2.1 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, ST, ZIP

CITY, ST, ZIP

3.1 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, ST, ZIP

CITY, ST, ZIP

4.1 TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, ST, ZIP

CITY, ST, ZIP

5.1 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, ST, ZIP

CITY, ST, ZIP

6.1 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, ST, ZIP

CITY, ST, ZIP

7.1 TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, ST, ZIP

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)(k), 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: J. Chada L. Chada

5/1/97

407-363-0626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone