


FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90070 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000015771

1. Corporation Name

INSTALLATION RESOURCE CENTER, INC.

Principal Place of Business

 40351 U.S. 19
 SUITE 316
 TARPON SPRINGS FL 34689

Mailing Address

 40351 U.S. 19
 SUITE 316
 TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

59-3502413

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 owes the current year intangible Personal Property Tax. PAID ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

 SMITH, ROBERT W
 430 NORTH MILLS AVENUE
 SUITE 1000
 ORLANDO FL

10. Name and Address of New Registered Agent

81 Name

MARKO, JANET M.

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

1206 E. Lemon St.

83

84 City

Tarpon Springs, FL

85 Zip

34689

11. Pursuant to the provisions of Sections 607.0802 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 reappointing)

2/17/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME MARKO, JEFFRY G
 STREET ADDRESS 1206 E. LEMON STREET
 CITY-ST-ZIP TARPON SPRINGS FL 34689
TITLE ☐ DELETE
 NAME MCGRAW, BRENDA
 STREET ADDRESS 3315 HAVILAND COURT, #201
 CITY-ST-ZIP PALM HARBOR FL 34684
TITLE ☐ DELETE
 NAME MARKO, JANET M
 STREET ADDRESS 1206 E. Lemon Street
 CITY-ST-ZIP Tarpon Springs, FL 34689
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

 McGraw, Brenda
 10653 Magrath Lane
 New Port Richey, FL 34654

 Marko, Janet M.
 1206 E. Lemon St.
 Tarpon, Springs, FL 34689

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 if changed, or on an attachment with an address with all other like information.

SIGNATURE: BRENDA MCGRAW Brenda McGraw 2-17-99 (727)939-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)