

Charter # Only

**48258**

Requestor's Name

Robin Ann Kiekel

Address

512-4 McKeithen St.  
Tallahassee, FL 32309-575

City

State

ZIP

Phone #

CORPORATION(S) NAME

MINORITY INSPECTIONS & CONSULTING, INC

VALIDATION ONLY

005 1151 12/04/85	13.00
005 1151 12/04/85	13.00
005 1151 12/04/85	13.00
005 1151 12/04/85	13.00

FILED  
DEC 2 2 22 PM '85  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- PROFIT
- NON PROFIT
- AMENDMENT
- MERGER
- FOREIGN
- DISSOLUTION
- MARK
- LIMITED PARTNERSHIP
- ANNUAL REPORT
- RESERVATION
- REINSTATEMENT
- OTHER
- CERTIFIED COPY
- PHOTO COPIES
- CERTIFICATE UNDER SEAL
- WALK IN
- WILL WAIT
- PICK UP
- MAIL OUT
- CALL
- AFTER 4:30

700249884727

Name	SAG 12-285
Avail	SAG
Doc Exam	SAG
Updater	SAG
Update Fee	SAG
Verifier	SAG
Approval	SAG
Notary	SAG

STATE OF FLORIDA  
ARTICLES OF INCORPORATION  
OF

INTEGRITY INSPECTIONS & CONSULTING, INC.

FILED  
DEC 7 2 22 PM '55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HS7581

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE I. NAME OF CORPORATION

The corporation will be known as Integrity Inspections & Consulting, Inc.

ARTICLE II. DURATION

The period of its duration shall be perpetual.

ARTICLE III. STATEMENT OF PURPOSE

The purpose for which the corporation is organized is to engage in the transaction of any or all lawful business for which corporations may be incorporated under the provisions of the Florida General Corporation Act.

ARTICLE IV. CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is 1000 common. Such shares shall be of

a single class, and shall have a par value of one dollar (\$1.00) per share. Stock will be issued pursuant to Section 1244 of the Internal Revenue Code.

#### PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of any kind, class or series, shall have the pre-emptive right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

#### LIMITATION ON TRANSFER OF STOCK

No stock in the corporation shall be transferred to a person who is not already a stockholder unless the stock shall have first been offered by a writing for sale to each of the other stockholders of the corporation at the same price and on the same terms as would govern upon a transfer to a person not a stockholder. The writing shall set forth the price and terms and shall be sent by registered mail to each stockholder at the address listed on the corporation's books. The right to transfer the stock to a person not a stockholder shall not exist until all existing stockholders refuse the offer made as provided above or until they fail for a period of 30 days after receipt of the written offer to accept the same by compliance with the terms therein set forth. Regulation as to the formalities and procedure to be followed in effecting the transfer shall be prescribed in the By-laws of the corporation.

ARTICLE V. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation in the State of Florida is 512-4 McKeithen Street, Tallahassee, Florida, and the name of its initial registered agent at such address is Robin Ann Rickel.

ARTICLE VI. DIRECTORS

This corporation shall have two (2) Directors initially. The number of Directors may be increased or diminished from time to time by the By-laws, but shall never be less than one.

ARTICLE VII. INITIAL DIRECTORS AND OFFICERS

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE</u>
Robin Ann Rickel	512-4 McKeithen Street Tallahassee, Florida	President/ Vice President/ Secretary/ Treasurer and Director
Michael Perry Vroegop	512-4 McKeithen Street Tallahassee, Florida	Director

ARTICLE VIII. INCORPORATORS

The name and address of each incorporator is:  
Robin Ann Rickel, 512-4 McKeithen St. Tallahassee, Florida 32304

ARTICLE IX. BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors.

ARTICLE X, AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed to them by the stockholders and approved at a stockholder's meeting by a majority of the stock entitled to vote thereon.

Robin Ann Rickel

STATE OF FLORIDA)

COUNTY OF LEON)

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in the state and county named above to take acknowledgments, personally appeared Robin Ann Rickel to me known to be the person described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the county and state named above this 2nd day of December, 1985.

My commission Expires:

Notary Public, State of Florida  
My Commission Expires Sept. 3, 1988  
Signed this 1st day of December, 1985.

Wm. B. Kemp  
NOTARY PUBLIC

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1986



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Enter Change of Address of Corporation Principal Office. P.O. Box Number is NOT Sufficient	
HB7581 5 INTEGRITY INSPECTIONS & CONSULTING, INC. 2 ROBIN A. RICKEL 512-4 MCKEITHEN STREET TALLAHASSEE, FL		Street Address 21 P.O. Box No. 22 City and State 23 Zip Code 24	
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.			

3 Date Incorporated or Qualified To Do Business in Florida	12/02/1985	4 Federal Employer Identification Number (F.E.I.N.)	59-2605847	5 Date of Last Report
--	------------	---	------------	-----------------------

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985			
1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
<del>RICKEL, ROBIN A.</del>	<del>P/S/T</del>	<del>512-A MCKEITHEN STREET</del>	<del>TALLAHASSEE, FL</del>
<del>VROEGOP, ROBIN RICKEL</del>	<del>V/D</del>	<del>512-4 MCKEITHEN STREET</del>	<del>TALLAHASSEE, FL 32304</del>
<del>RICKEL, ROBIN A.</del>	<del>V/D</del>	<del>512-A MCKEITHEN STREET</del>	<del>TALLAHASSEE, FL</del>
VROEGOP, ROBIN RICKEL	V/D	512-4 MCKEITHEN STREET	TALLAHASSEE, FL 32304
VROEGOP, MICHEL PERRY	D	512-4 MCKEITHEN STREET	TALLAHASSEE, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
RICKEL, ROBIN A. 541-4 MCKEITHEN STREET TALLAHASSEE, FL	Name 81 VROEGOP, ROBIN RICKEL <i>all attached</i> Street Address (Do NOT Use P.O. Box Number) 82 512-4 MCKEITHEN STREET City and State 83 TALLAHASSEE FL Zip Code 84 32304

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.025 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

*WF 3/19/86*

10 See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer signing must be listed in Block 6)

Signature	Date
<i>Robin Rickel Vroegop, President</i>	3/4/86
Typed Name of Signing Officer	Telephone Number
ROBIN RICKEL VROEGOP	PRESIDENT 575-1352

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CORPORATION

H87581

FILED

MAR 19 12 05 PM '86

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/4/86

To Whom It May Concern:

Please note that as of 2/1/86  
I, the former Robin Rickel, was married  
and became known as Robin Rickel Vroegop.  
The certificate of marriage is filed with  
the Leon Co. Clerk's office.

Sincerely,  
*Robin Rickel Vroegop*  
Robin Rickel Vroegop  
President  
Integrity Inspections &  
consulting, Inc.

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987 OVER**

**CORPORATION**  
ANNUAL REPORT  
1987



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**

JUL 15 1987

Read Notice and Instructions on Other Side Before Making Entries  
**Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State**

1 Name and Address of Corporation Principal Office

H87581  
INTEGRITY INSPECTIONS & CONSULTING, INC.  
c/ ROBIN A. RICKEL  
512-4 MCKEITHEN STREET  
TALLAHASSEE, FL

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street A: 145 Avenue C  
P.O. Box No 22  
City and State: 23  
Apalachicola, FL 32320  
Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida 12/02/1985

4 Federal Employer Identification Number (FEIN) 84-265847

5 Date of Last Report 03/19/1983

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1	2	3	4
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
VROEGOP, ROBIN RICKEL	P/S/T	512-4 MCKEITHEN STREET 145 Avenue C	TALLAHASSEE, FL Apalachicola, FL 32320
VROEGOP, ROBIN RICKEL	V/D	512-4 MCKEITHEN STREET 145 Avenue C	TALLAHASSEE, FL Apalachicola, FL 32320
VROEGOP, MICHAEL PERRY	D	512-4 MCKEITHEN STREET 145 Avenue C	TALLAHASSEE, FL Apalachicola, FL 32320

**REGISTERED AGENT INFORMATION**

7 Name and Address of Current Registered Agent

VROEGOP, ROBIN RICKEL  
512-4 MCKEITHEN STREET  
TALLAHASSEE, FL 32384

8 Name and Address of New Registered Agent

Name 81  
Street Address 1 (Do NOT Use P.O. Box Number) 82  
145 Avenue C  
Street Address 2 (Do NOT Use P.O. Box Number) 83  
City and State 84  
Apalachicola FL  
Zip Code 85  
32320

I, Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on \_\_\_\_\_

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of, Section 607.025 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

10 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer signing must be listed in Block 6)

Signature Robin Rickel Vroegop, President  
Typed Name of Signing Officer Robin Rickel Vroegop Title President

Date 2/22/87  
Telephone Number (904) 222 5452

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CHECKOFF (1/87)



**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.**

**APPROVED**

DO NOT WRITE IN THIS SPACE  
**FILED**

**JUN 17 AM 9 27**

FLORIDA STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

**CORPORATION**  
**ANNUAL REPORT**  
**1988**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

Read notice and instructions on Other Side Before Making Entries  
**Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State**

1 Name and Address of Corporation Principal Office

H87581  
**INTEGRITY INSPECTIONS & CONSULTING, INC.**  
145 Avenue C  
Apalachicola, FL 32320

If a new address is pertinent in any way enter the correct address in item 2 include 71, 72, 73

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address #1

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida

12/02/1985

4 Federal Employer Identification Number (FEIN)

59-2605847

5 Date of Last Report

03/05/1987

6. Names and Street Addresses of Each Officer and Director as of December 31, 1987

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State	
VROEGOP, ROBIN RICKEL	P/S/T	145 Avenue C	Apalachicola, FL 32320	
VROEGOP, ROBIN RICKEL	V/D	145 Avenue C	Apalachicola, FL 32320	
VROEGOP, MICHAEL PERRY	D	145 Avenue C	Apalachicola, FL 32320	

**REGISTERED AGENT INFORMATION**

7 Name and Address of Current Registered Agent

**VROEGOP, ROBIN RICKEL**  
145 Avenue C  
Apalachicola, FL 32320

8 Name of

9 Name and Address of New Registered Agent

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

**FL**

Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on \_\_\_\_\_

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE

*Robin Rickel Vroegop, President* DATE 6/6/88  
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida \_\_\_\_\_

11

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature

*Robin Rickel Vroegop, President*

Date

6/6/88

Typed Name of Signing Officer or Director

**Robin Rickel Vroegop**

Title

**President**

Telephone Number

**(904) 222-5452**

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$6 Additional Fee required for a

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST**

**APPROVED AND FILED**  
DO NOT WRITE IN THIS SPACE

2025 APR 27 AM 10:15

SECRETARY OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1989



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

Read Instructions and Instructions on Other Side Before Making Entries  
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

H87581 5  
INTEGRITY INSPECTIONS & CONSULTING, INC.  
145 Avenue C  
Apalachicola, FL 32320

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida 12/02/1985

4. Federal Employer Identification Number (FEIN) 59-2608847

5. Date of Last Report 06/17/1988

6. Name and Street Addresses of Each Officer and Director, as of December 31, 1988

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	4. City and State	5.
P/S/T	VROEGOP, ROBIN RICKEL	145 Avenue C	Apalachicola, FL 32320	
V/D	VROEGOP, ROBIN RICKEL	145 Avenue C	Apalachicola, FL 32320	
D	VROEGOP, MICHAEL PERRY	145 Avenue C	Apalachicola, FL 32320	

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

VROEGOP, ROBIN RICKEL  
145 Avenue C  
Apalachicola, FL 32320

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment)

DATE \_\_\_\_\_

10. If a foreign corporation date first transacted business in Florida \_\_\_\_\_

11. See signature restrictions under instruction 4 on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer or Director signing must be listed in Block 6.)

Signature *Robin Rickel Vroegop*  
Typed Name of Signing Officer or Director \_\_\_\_\_  
Title \_\_\_\_\_

Date *April 22, 1989*  
Telephone Number *(904) 222-5452*

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

**FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST**

FD-2000

CORPORATION  
ANNUAL REPORT  
1990



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FLORIDA DEPT. OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Fill-ins  
**Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office  
**H87581 5**  
**ZIP + 4 PRESORT**  
**INTEGRITY INSPECTIONS & CONSULTING, INC.**  
145 Avenue C  
Apalachicola, FL 32320

If above address is incorrect in any way, enter the correct address in item 2, include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21  
PO Box No. 22  
City and State 23  
Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida **12/02/1985** 4. FEI Number **89-2605847**  FEI Number Applied For  FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/S/T	VROEGOP, ROBIN RICKEL	145 Avenue C	Apalachicola, FL 32320
V/D	VROEGOP, ROBIN RICKEL	145 Avenue C	Apalachicola, FL 32320
D	VROEGOP, MICHAEL PERRY	145 Avenue C	Apalachicola, FL 32320

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent  
**VROEGOP, ROBIN RICKEL**  
145 Avenue C  
Apalachicola, FL 32320

8. Name and Address of New Registered Agent  
Name 81  
Street Address 1 (Do NOT Use P.O. Box Number) 82  
Street Address 2 (Do NOT Use P.O. Box Number) 83  
City and State 84 **FL** Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on \_\_\_\_\_  
I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.025 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

10. I 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 effects as if made under oath. I further certify 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, F.S.

Signature *Robin Rickel Vroegop* Date **6/11/90**  
Typed Name of Signing Officer or Director **ROBIN RICKEL VROEGOP** Title **PRESIDENT** Telephone Number **(904) 222-5452**

11. Should you desire a certificate of status check the box.  **CERTIFICATE OF STATUS DESIRED**  **\$5 Additional Fee required for a Certificate of Status**

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

**CORPORATION**  
**ANNUAL REPORT**  
**1991**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
31 JUL -1 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE OF \$61.25 REQUIRED**

1. Name and Mailing Address of Corporation: **DOCUMENT # H87581 (5)**  
**ZIP + 4 PRESORT**  
**INTEGRITY INSPECTIONS & CONSULTING, INC.**  
145 Avenue C  
Apalachicola, FL 32320

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.  
21 Street Address: -07/03/91--00033--017  
22 P.O. Box: **ANNUAL REPORT**  
**ANNUAL REPORT** ----- \$61.25  
23 City and State: **TOTAL** ----- \$61.25  
24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida: **12/02/1985** 4. FEI Number: **59-2605847**  
FEI Number Applied For: FEI Number Not Applicable 5. \$8.75 Additional Fee required for a Certificate of Status: **CERTIFICATE OF STATUS DESIRED**

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Type	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/S/T	VROEGOP, ROBIN RICKEL	145 Avenue C	Apalachicola, FL 32320
V/D	VROEGOP, ROBIN RICKEL	145 Avenue C	Apalachicola, FL 32320
D	VROEGOP, MICHAEL PERRY	145 Avenue C	Apalachicola, FL 32320

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent:  
**VROEGOP, ROBIN RICKEL**  
145 Avenue C  
Apalachicola, FL 32320

8. Name and Address of New Registered Agent:

81 Name	
82 Street Address 1 (Do NOT Use P.O. Box Number)	
83 Street Address 2 (Do NOT Use P.O. Box Number)	
84 City	85 Zip Code
	<b>FL</b>

9. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 \_\_\_\_\_ (Registered Agent Accepting Appointment) DATE \_\_\_\_\_

10. I 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. I further certify that I am an officer or director of the corporation or the receiver or in some empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *Robin Rickel Vroegop* DATE **7/1/91**  
Typed Name of Signing Officer or Director: **ROBIN RICKEL VROEGOP** Title: **PRESIDENT** Telephone Number Daytime: **( 904 ) 222-5452**

**FILING FEE OF \$61.25 REQUIRED— Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status**

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
Jan Smith  
Secretary of State  
DIVISION OF CORPORATIONS

NR-592

APPROVED  
SEC. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FLA.  
FILED

Read Instructions on Other Side Before Making Entries  
**FILING FEE \$61.25 Make Payable To: Secretary of State**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation. **DOCUMENT #H87581 (5)**

**INTEGRITY INSPECTIONS & CONSULTING, INC.**  
145 Avenue C  
Apalachicola, FL 32320

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address in Block 2. If a P.O. Box is acceptable, the NAME of the corporation can be changed only by filing an amendment.

81 Mailing Address  
82 P.O. Box No.  
83 City and State  
84 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida **12/02/1985**

If above address is incorrect in any way, line through the incorrect information and correct address in Block 2.

3a. Date of Last Report **07/01/1991**  
4. FEI Number **50-2605847**

FEI Number Applied For  
FEI Number Not Applicable  
\$8.75 Additional Fee Required for a Certificate of Status (if filed)  
**CERTIFICATE OF STATUS DESIRED**

5. Name and Street Addresses of Each Officer and Director (Do not use P.O. Box numbers or P.O. addresses to cover over incorrect information.)

1	2	3	4
Title	Names of Officers and Directors	Street Address of Each Officer or Director (Do not use P.O. Box Numbers)	City and State
1x P/S/T	VROEGOP, ROBIN RICKEL	145 Avenue C	Apalachicola, FL 32320
2x V/D	VROEGOP, ROBIN RICKEL	145 Avenue C	Apalachicola, FL 32320
3x D	VROEGOP, MICHAEL PERRY	145 Avenue C	Apalachicola, FL 32320
4x			
5x			
6x			

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

**VROEGOP, ROBIN RICKEL**  
145 Avenue C  
Apalachicola, FL 32320

8. Name and Address of New Registered Agent

81 Name  
82 Street Address 1 (Do NOT Use P.O. Box Number)  
83 Street Address 2 (Do NOT Use P.O. Box Number)  
84 City  
85 Zip Code

9. Pursuant to the provisions of Sections 607.0507 and 607.1508 or 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 607.0506, Florida Statutes.

SIGNATURE Robin Rickel Vroegop, President DATE 6/2/92  
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 109.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

11. I 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. I further certify 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 or Chapter 609, Florida Statutes, and that my name appears in Block 6 or an attachment with my address.

SIGNATURE Robin Rickel Vroegop DATE 6/2/92

Typed Name of Signing Officer or Director Robin Rickel VROEGOP Title President Telephone Number (Daytime) (904) 232-5452

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.