FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

SEP -1 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000012767 (9)**

1. Corporate Name
ACCOUNTABLE HOME INSPECTION, INC.

Principal Place of Business
1663 CROSSINGS CIRCLE
PALM CITY FL 34990

Mailing Address
1663 CROSSINGS CIRCLE
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1992**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0383997** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) (29) County (25) (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIANINO, PETER T
217 E OCEAN BOULEVARD
STUART FL 34995

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '9?
31 Title	D	☐ Change ☐ Addition
32 Name	SIKES, STEVE	
33 Street Address	1663 CROSSINGS CIRCLE	
34 City, St, Zip	PALM CITY FL 34990	
35 Title		☐ Change ☐ Addition
36 Name		
37 Street Address		
38 City, St, Zip		
39 Title		☐ Change ☐ Addition
40 Name		
41 Street Address		
42 City, St, Zip		
43 Title		☐ Change ☐ Addition
44 Name		
45 Street Address		
46 City, St, Zip		
47 Title		☐ Change ☐ Addition
48 Name		
49 Street Address		
50 City, St, Zip		
51 Title		☐ Change ☐ Addition
52 Name		
53 Street Address		
54 City, St, Zip		

14. I hereby certify that the information supplied with this filing complies with the applicable requirements of Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address, with an asterisk, or attached with an address.

SIGNATURE: Steven A. Sikes 9/1/95 407-220-3136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0384077 CP