FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P92000012767 (9) **DOCUMENT #**

ACCO	UNTABLE HOME INSPECT	TION, INC.					
Principal Place of Business Mailing Address					4 IOBLIADDI AID LOIID IEDII DOERI DOII	il goin deiei dibid Hoir i	(8818 8 <u>4111 (881 (881</u>
1663 CROSSINGS CIRCLE PALM CITY FL 34990 1663 CROSSINGS CIRCLE PALM CITY FL 34990							
					3. Date Incorporated or Qualified 12/16/1992	3a. Date of Last 05/01/1	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·		Not Applicable
22 27				5. Certificate of Status Desired LI Fee Requi		75 Additional e Required	
City & State	ı	City & State			6. Election Campaign Financing		00 May Be
Ζ 3 Ζιρ	Country		Coun	tn/	Trust Fund Contribution	Add	ded to Fees
24	25	29	30	ч	8. This corporation has liability for a Florida Statutes Yes		s 199.032,
	9. Name and Address of Curre				10. Name and Address of New R		
			1	Name			
GIANINO, PETER T				Street Add	dress (P.O. Box Number is Not Acceptab	nle)	
217 E OCEAN BOULEVARD				Direct Add	arcas (i.e. sax named to nat national	10)	
STUART FL 34995				33			
			ļ _e	14 City		85	Zip Code
				'			`
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor	2 and 607.1508, Florida Stati ida. Such change was author	utes, the above ized by the co	e-named corpo rporation's boa	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its pintment as registers	registered office
	n, abit accorpt the obligations or, Sec					ul	-61
SIGNATURE _	Signature, typed or printed name of registered agen	STEVE S	NOTE: Registered A	gent signature requir	ed when reinstating):	DATE	446
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE	D	DELETE	DELETE 1.1 TIT			Change	Addition
NAME	SIKES, STEVE		1.2 NAV	E			
SIREET ADDRESS	1663 CROSSINGS CIRCLE		1.3 STR	ET ADDRESS			
CITY ST-ZIP	PALM CITY FL 34990			-ST-ZIP			
TITLE	-		2 1 1111			Change	Addition
NAME			2.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE		-SI-ZIP		F3.6	
NAME			3 1 1111	I		☐ Change	Addition
STREET ADDRESS			3 2 NAM				
CITY-ST-ZIP				EET ADDRESS			
TITLE		DELETE	3.4 CITY 4. 1 TITL			☐ Change	Addition
NAME			4 2 NAM	1			
STHEET ADDRESS				ET ADORESS			
CITY - ST- ZIP			4.4 CITY				
1ITLE		☐ DELETE	5 1 1111			☐ Change	Addition
NAME			5.2 NAM	E			-
STREET ADDRESS			53STRE	ET ADDRESS			
CITY - ST - ZIP			5 4 CITY	-ST-ZIP			-
TITLE		☐ DELETE	6 1 THTL	E		☐ Change	Addition
NAME			6.2 NAM	£			İ
STREET ADDRESS			63 STRE	ET ADDRESS			
CITY - ST - 2IP			6.4 C/TY	-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 13 if chapted, or on an attachment with an address.

SIGNATURE:

STEVE SIGNS

4/24/9C

407-320-3136

SIGNATURE:

STEUE SINCE

407-220-3136 Degrine Proce #