

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000086504 (5)**

1. Corporation Name

HI-TECH HOME INSPECTIONS, INC.

Principal Place of Business

**8800 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-8006**

Mailing Address

**8800 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-8006**

2. Principal Place of Business

21 **4920 KINGSMADOW LANE**

2a. Mailing Address

26 **4920 KINGSMADOW LANE**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

JACKSONVILLE, FLORIDA

28 City & State

JACKSONVILLE, FLORIDA

24 Zip

32217

25 Country

USA

29 Zip

32217

30 Country

USA

3. Date incorporated or Qualified

11/28/1984

3a. Date of Last Report

4. FEI Number

59-3202691

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

6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SILKOWSKI, STEPHEN E
8800 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-8006**

10. Name and Address of New Registered Agent

81 Name **Wm. D. GRAHAM**
82 Street Address (P.O. Box Number is Not Acceptable) **4920 KINGSMADOW LANE**
83
84 City **JACKSONVILLE** FL 85 Zip Code **32217**

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 607.0508, Florida Statutes.

SIGNATURE **Wm. D. GRAHAM Wm. D. Graham** **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

APRIL 21, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAHAM, WM. D
STREET ADDRESS	4920 KINGSMADOW LANE
CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	VSD
NAME	GRAHAM, SYLVIA E
STREET ADDRESS	4920 KINGSMADOW LANE
CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	D
NAME	SILKOWSKI, STEPHEN E
STREET ADDRESS	8800 ARLINGTON EXPRESSWAY
CITY - ST - ZIP	JACKSONVILLE FL 32211-8006
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 110.07(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: **Wm. D. Graham - Wm. D. GRAHAM - PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 21, 1995

(904) 737-1156