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Secretary of State

03-30-1999 90020 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000006265

1. Corporation Name H & R HOME INSPECTION, INC.

Principal Place of Business 112 SAND DUNES DRIVE ORMOND BEACH FL 32176
Mailing Address 112 SAND DUNES DRIVE ORMOND BEACH FL 32176



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/21/1997
4. FEI Number 59-3428822
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. Yes No

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
City & State 23
Zip Country 24
Country 25
Country 29
Country 30

9. Name and Address of Current Registered Agent
LACASSE, HECTOR A
112 SAND DUNES DRIVE
ORMOND BEACH FL 32176

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 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 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE D
1.2 NAME LACASSE, RAYMOND H
1.3 STREET ADDRESS 3427 FARMINGDALE ROAD
1.4 CITY-ST-ZIP ORMOND BEACH FL 32174
2.1 TITLE D
2.2 NAME LACASSE, HECTOR A
2.3 STREET ADDRESS 112 SAND DUNES
2.4 CITY-ST-ZIP ORMOND BEACH FL 32176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR A LACASSE
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 904441 8581
Date Daytime Phone #

CR2E034 (1/98)