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NEW FILINGS	AMENDMENTS		100-178
Profit	Amendment		190
NonProfit	Resignation of R.A., Officer/ Di	rector	1098 2477
Limited Liability	Change of Registered Agent		Nana
Domestication	Dissolution/Withdrawal		Name Availability (4C)
Other	Merger	-/AL)	Document NJC Examiner
OTHER FILINGS	REGISTRATION/	YY	Updater NJC
Annual Report	QUALIFICATION		Updater Varibus NJC
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Name Reservation	Limited Partnership		Acknowledgement NJC
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## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 4, 1998

DAVID M. FULLER 8851 ROSE HILL DRIVE ORLANDO, FL 32818

SUBJECT: ACCUSPECT Ref. Number: W98000002477

We have received your document for ACCUSPECT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Letter Number: 198A00006217

Nanette Causseaux Corporate Specialist Supervisor

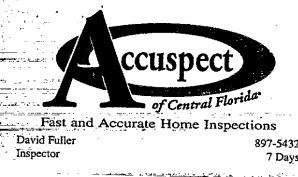
## APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES TO: **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314 Name & address to whom acknowledgment should be sent: Daytime Telephone number **PART I** cuspect of Contral Florida Inc. (b) Applicant's business address: \_ (c) Applicant's telephone number: (407 ☐ Individual Corporation ☐Joint Venture Other: ☐ General Partnership ☐ Limited Partnership Union If other than an individual, (1) Florida registration number: P9 70000 (2) Domicile State: Floric (3) Federal Employer Identification Number: 2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.) Home inspection service (b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.) (c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

enversations. B

d) The class(es) in which goods or services fall:
Class # 35 Advertising & Businesse 1 15 15
Francisco de la Contraction de
PART II
1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):
(a) Date first used anywhere: $\frac{1/01/97}{}$ (b) Date first used in Florida: $\frac{1/01/97}{}$
PART III
1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)
Accespect of central flinc.
See attached Lorge A with "ccuspect" a bit
Swally completely enough Hacterdy and side of
Circle of central F1. int 75 @ bottom right of circle on outsid
2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Of CONAval
# APART FROM THE MARK AS SHOWN.
I, DAVIO M. Follow III. being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct
Accuspect of Central Florida Inc.
Typed or printed name of applicant
Distribut President/ourte
Applicant's signature or authorized person's signature  (List name and title)
STATE OF THURIDE
COUNTY OF OTAGE
On this 27th day of Jinuary, 1998, DAVID W. Wer & personally
appeared before me,  who is personally known to me whose identity I proved on the basis of FDLHF40-17367-367-0
who is personally known to me whose identity I proved on the basis of FOLHF460-173-67-363-0
Notary Public Signature
My Commission CC410381
**************************************
My Commission Expires: <u>SCD 28, 1998</u>

**FEE:** \$87.50 per class



897-5432 7 Days