FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080394

1. Corporation Name

FIDELITY HOME INSPECTION CORPORATION

P	rinci	pair	Place C	H DUS	mes
14	602	GILI	IGANS	WAY	#6
TA	LID/		22012		

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90125 043 ***150.00



14602 GILLIGAN TAMPA FL 3361		P O BOX 292482 Tampa Fl 33687-2482 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE
				09/15/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	1 0 .	4. FEI Number	Applied For
21 8453	Gardens Circle	26 8455 Gard	one Chale	59-3491694	Not Applicable
Suite Apt.		Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
22 #	<u> </u>	27 # 3		5. Certifcate of Status Desired	Fee Required
City & State	e .	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Sara	- <i>-</i>	28 Sara 507	ta, 1-1.	Trust Fund Contribution	Added to Fees
Zip 24 342	43 25 USA	Zip 29 34-24-3 30	Country	This corporation owes the current year Interpretation Personal Property Tax.	☐ Yes 🗡 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name	Peorge Pomeli	ha-
l	ELKA, GEORGE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
'	2 GILLIGANS WAY #6		849	55 Gardens Ci	rele
TAM	PA FL 33613		83 # -2	2	
			84 City	·	85 Zip Code
			Sa	rasota, FL	34243
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.	on a pour of directors. Thereby becopt the appoin	1
SIGNATURE	h and	· Come la		4/17	199
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE		2 th Carrie	~ -
NAME	ZEMELKA, GEORGE		1.2 NAME	8455 Gardens Circ	L #3
STREET ADDRESS	14602 GILLIGANS WAY #6		1.3 STREET ADDRESS	5455 Garaens Circ	4243
CITY-ST-ZIP	TAMPA FL 33613		1.4 CITY-ST-ZIP	sarasota, Filis	Change Addition
TITLE		☐ DELETE	2.1 TITLÉ		Cloudings Clyconton
NAME			2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS		}
CITY-ST-ZIP		<u> </u>	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	•	Cloudings Clycontoli
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		C Addison
TITLE .		☐ DELETE	5.1 TITLE		Change Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	1		64 CITY-ST-7IP		

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 suppliemental 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 changes or on an attachment with address, with all other like empowered.