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PROFIT CORPORATION ANNUAL REPORT



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

1996

(7)

DOCUMENT # FLORIDA EAST COAST INSPECTIONS. INC. Mailing Address Principal Place of Business C/O C.F. ZELLERS. JR. C/O C.F. ZELLERS. JR. P O BOX 1048 P O BOX 1048 ST AUGUSTINE FL 32085 ST AUGUSTINE FL 32085 3. Date incorporated or Qualified 3a. Date of Last Report 08/21/1969 04/04/1995 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1270039 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intengible tax under s. 199.032, Country Country Florida Statutes ☐ Yes ☐ No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) PAINE, LAWRENCE 1650 PRUDENTIAL DR., #400 R3 JACKSONVILLE FL 32207 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE Sign at tre, typers or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Addition ☐ Change 1. 1 TITLE DELETE 1.2 NAME NAME SMITH, T N 1.3 STREET ADDRESS ONE MALAGA ST SERVEL ADDRESS 14 CITY - ST - ZIP ST AUGUSTINE FL CITY - S1 - ZIE Change ☐ Addition DELETE 2 1 THILE THE CD 22 NAME THORNTON, W L NAME 2 3 STREET ADDRESS ONE MALAGA ST STHEET ADDRESS 2.4 CITY - S1 - ZIP ST AUGUSTINE FL CITY - S1 - ZIP ☐ Change Addition DELETE 3 1 TiTLE TITLE PD 3.2 NAME ZELLERS, C F, JR NAM. 3.3. STREET ADDRESS ONE MALAGA ST STREET ADDRESS 3 4 CITY - ST - ZIP ST AUGUSTINE FL (afy-S1-7)2 ■ Addition ☐ Change DELETE 4 1 TITLE 10116 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-ST-ZP Addition Change DELETE 5. 1 TITLE THE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 0000017461<u>50</u> 5.4 City-SI-ZIP CITY - ST-70° -03/16/96--01003--012^{change} Addition/ DELETE 6 1 TITLE 31115 ***200.00 6.2 NAME NAME 6 3 STREET ADDRESS STHEET ACCRESS 6.4 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 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 coath; 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:

CR2E034 (12/95)