

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

CORPORATION
ANNUAL REPORT
1995



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

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # J17628 (5)

1. Corporation Name

FEDERAL BUILDING INSPECTIONS, INC.

Principal Place of Business

4722 NW BOCA RATON BLVD.
STE. C-108
BOCA RATON FL 33431

Mailing Address

4722 NW BOCA RATON BLVD.
STE. C-108
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1986	3a. Date of Last Report 03/25/1994
4. FEI Number 59-2680144	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

RAWLINGS, EVERETT
1300 COCONUT ROAD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81. Name RAWLINGS, EVERETT	85. Zip Code 33496
82. Street Address (P.O. Box Number is Not Acceptable) 6628 NW 24th AVE	
83. City BOCA RATON, FL	

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

Signature of Registered Agent or Person Authorized to Sign

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D	NAME RAWLINGS, EVERETT
STREET ADDRESS 6628 NW 24 AVE	
CITY, ST, ZIP BOCA RATON FL	
TITLE DVP	NAME RAWLINGS, ADLEEN
STREET ADDRESS 6628 NW 24 AVE	
CITY, ST, ZIP BOCA RATON FL	
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this renewal 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

Adleen Rawlings ADLEEN RAWLINGS

(407) 9987750