

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 18 1998 8:00am
Secretary of State

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

06/04/1986

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**RAWLINGS, EVERETT
6628 NW 24TH AVE
BOCA RATON FL 33496**

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Adleen Rawlings

(If 211 Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
RAWLINGS, EVERETT
6628 NW 24 AVE
BOCA RATON FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DVP
RAWLINGS, ADLEEN
6628 NW 24 AVE
BOCA RATON FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 changed, or on an attachment with an address.

SIGNATURE:

Adleen Rawlings ADLEEN RAWLINGS

2/12/98 5619987750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone: 0357378

CR2E034 (10/97)