FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 APR 10 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J98497 (7)

1. Corporation Name
AFFORDABLE HOME INSPECTION, INC.

Principal Place of Business	Mailing Address
1041 U.S. HIGHWAY ONE JUNO BEACH FL 33408	1041 U.S. HIGHWAY ONE JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1987
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 14041 U.S. Highway One	26 14041 U.S. Highway One
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27 Suite C
City & State 23 Juno Beach, FL	City & State 28 Juno Beach, FL
Zip / Country 24 33408 / 25 USA	Zip / Country 29 33408 / 30 USA

4. FEI Number: 65-0007022 ☐ 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

9. Name and Address of Current Registered Agent

BAILEY, GRAHAM
2020 20TH LANE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: see block 9
82 Street Address (P.O. Box Number is Not Acceptable): 11239 Monet Woods Rd.
83
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☒ Change ☐ Addition
NAME	BAILEY, GRAHAM	1.2 NAME	
STREET ADDRESS	2020 20TH LANE	1.3 STREET ADDRESS	11239 Monet Woods Rd.
CITY-ST-ZIP	PALM BEACH GDNS FL	1.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
TITLE	DVS	2.1 TITLE	☒ Change ☐ Addition
NAME	STEVENS, LYNN	2.2 NAME	
STREET ADDRESS	2020 20TH LANE	2.3 STREET ADDRESS	11239 Monet Woods Rd.
CITY-ST-ZIP	PALM BEACH GDNS FL	2.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 addition

SIGNATURE: Lynn D. Stevens Lynn D. Stevens 4/4/95 (407) 694-7716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248141 CP