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 28 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K51962 (4)

1. Corporation Name

MID-FLORIDA BUILDING INSPECTION SERVICE, INC.

Principal Place of Business	Mailing Address
% JOSEPH H. MCGOVERN 350 2ND ST. OSTEEN FL 32764	% JOSEPH H. MCGOVERN 350 2ND ST. OSTEEN FL 32764

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1988

3a. Date of Last Report: 04/21/1994

	Principal Place of Business	Mailing Address
2. / 2a.	21 Thomas F. McGovern	26 Thomas F. McGovern
Suite, Apt. #, etc.	22 471 Duren Ave	27 471 Duren Ave
City & State	23 Osteen, Fl.	28 Osteen, Fl.
Zip / Country	24 32764 / 25 Volusia	29 32764 / 30 Volusia

4. FEI Number: 59-2935384 ☐ 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

MCGOVERN, JOSEPH H.
350 2ND ST.
OSTEEN FL 32764

10. Name and Address of New Registered Agent

81 Name: Thomas F. McGovern

82 Street Address (P.O. Box Number is Not Acceptable): 471 Duren Ave

83

84 City: Osteen FL 85 Zip Code: 32764

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: Thomas F. McGovern — Thomas F. McGovern — 4/24/95

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V S	☐ Change ☒ Addition
NAME	MCGOVERN, JOSEPH H.	12 NAME	Janis R. McGovern	
STREET ADDRESS	350 2ND ST.	13 STREET ADDRESS	471 Duren Ave	
CITY-ST-ZIP	OSTEEN FL	14 CITY-ST-ZIP	Osteen, Fl. 32764	
TITLE	DPT	21 TITLE	D	☒ Change ☐ Addition
NAME	MCGOVERN, PATRICIA A.	22 NAME	Patricia A. McGovern	
STREET ADDRESS	350 2ND ST.	23 STREET ADDRESS	350 2nd St.	
CITY-ST-ZIP	OSTEEN FL	24 CITY-ST-ZIP	Osteen Fl. 32764	
TITLE	VS	31 TITLE	P T	☒ Change ☐ Addition
NAME	MCGOVERN, THOMAS F.	32 NAME	Thomas F. McGovern	
STREET ADDRESS	471 DUREN AVE	33 STREET ADDRESS	471 Duren Ave	
CITY-ST-ZIP	OSTEEN FL	34 CITY-ST-ZIP	Osteen, Fl. 32764	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Thomas F. McGovern — Thomas F. McGovern — 4/24/95 — (407) 330-9218

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

000000 CP