

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**
95 APR 25 AM 10:11
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K83563 (2)

1. Corporation Name

**BECKER CODE CONSULTANT AND PROPERTY INSPECTION,
INC.**

Principal Place of Business

Mailing Address

**824 RIVIERA ST.
VENICE FL 34285**

**824 RIVIERA ST.
VENICE FL 34285**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/26/1989

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2955454

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**

7. This corporation has liability for intangible tax under S. 119.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOONE, JEFFERY A.
1001 AVENIDA DEL CIRCO
VENICE FL 34285**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DPT
BECKER, ROBERT K.
924 RIVIERA ST.
VENICE FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

VENICE FL

TITLE

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