

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RELIEVE: \$750).

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L54679** (0)
1. Corporation Name
HOMEGUARD INSPECTION & CONSULTING, INC.

Principal Place of Business % BETTY J ANDERSON 3553 CARRINGTON DR TALLAHASSEE FL 32303	Mailing Address % BETTY J ANDERSON 3553 CARRINGTON DR TALLAHASSEE FL 32303
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DO NOT WRITE IN THIS SPACE

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 Col 29 30		3. Date Incorporated or Qualified 03/05/1990	
				4. FEI Number 59-3055639 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, BETTY J.
3553 CARRINGTON DR
TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85

Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the abamed 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 Stat.

SIGNATURE

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

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BETTY J.	1.2 NI	
STREET ADDRESS	3553 CARRINGTON DR	1.3 ST ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CI ZIP	
TITLE	ST	2.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BETTY J.	2.2 NI	
STREET ADDRESS	3553 CARRINGTON DR	2.3 ST ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CI ZIP	
TITLE	D	3.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, HENRY J.	3.2 NI	
STREET ADDRESS	3553 CARRINGTON DR	3.3 ST ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CI ZIP	
TITLE		4.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NI	
STREET ADDRESS		4.3 ST ADDRESS	
CITY-ST-ZIP		4.4 CI ZIP	
TITLE		5.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NI	
STREET ADDRESS		5.3 ST ADDRESS	
CITY-ST-ZIP		5.4 CI ZIP	
TITLE		6.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NI	
STREET ADDRESS		6.3 ST ADDRESS	
CITY-ST-ZIP		6.4 CI ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 by 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 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:

Betty J. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-98

850-562-2309

CR2E034 (5/98)