

AMENDED

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

98 SEP 30 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L54679**

1. Corporation Name:

HOMEGUARD INSPECTION & CONSULTING, INC.

Principal Place of Business:

Mailing Address:

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/05/90

4. FET Number

59-3055639

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

10. Name and Address of New Registered Agent

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

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 of person who is authorized to sign for the corporation)

(Name of person who is authorized to sign for the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	P/D
13 STREET ADDRESS	ANDERSON, HENRY J. 3553 CARRINGTON DRIVE TALLAHASSEE, FL 32303
14 CITY-ST-ZIP	TALLAHASSEE, FL 32303
21 TITLE	☐ Change ☒ Addition
22 NAME	ANDERSON, REX A.
23 STREET ADDRESS	2211 HIGH ROAD
24 CITY-ST-ZIP	TALLAHASSEE, FL 32303
31 TITLE	☒ Change ☐ Addition
32 NAME	S/T/D
33 STREET ADDRESS	ANDERSON, BETTY J.
34 CITY-ST-ZIP	3553 CARRINGTON DRIVE TALLAHASSEE, FL 32303
41 TITLE	☐ Change ☐ Addition
42 NAME	100002653531-3
43 STREET ADDRESS	-10/01/98-01063-002
44 CITY-ST-ZIP	*****61.25 *****61.25
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I 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. I am an officer or director of the corporation or the registered or business empowers 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: **Betty J. Anderson** **BETTY J. ANDERSON**

9-30-98

(850)562-2309

CR2E034 (10/97)