Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90024 029 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550 00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L80722

1. Corporation Name

ALL FLORIDA HOME INSPECTIONS, INC.

Principal Place	e of Business	Mailing Address			T (ARENIAN), DAT (BUTH BRINK HARTE (IR	18 1191 81811 BJETT BJETT BJ		\$11 E>E11 1861	
8831 WHISPERING OAKS TRAIL NEW PORT RICHEY FL 34654  8831 WHISPERING OAKS TRAIL NEW PORT RICHEY FL 34654						4.1			
					DO NOT WRITE IN THIS SPACE				
				•		E IN THIS SPA	ICE.		
		è			3. Date Incorporated or Qualifed 06/15/1990				
O Original Di	lace of Business	2a. Mailing Address			4. FEI Number		Appl	lied For	
_ `	lace of Business	2a. Mailing Address		•	59-3019646		+	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				<b>\$</b>	8.75 A		
22		27	ت <del>ح</del> جَّ		5. Certificate of Status Desired	1 1	Eee Req	_	
City & State	te	City & State			6. Election Campaign Financing		\$5.00 N	May Be	
23		28			Trust Fund Contribution	`	Added to	Fees	
Zip	Country	Zip	Country	1	8. This corporation owes the curre	ent year Intangil			
24	25	29 30	0		Personal Property Tax.			No	
	9. Name and Address of Currer	nt Registered Agent		_	10. Name and Address of New R	egistered Age	nt		
VAC	NEL 1470 21884 11		81	Name		56.7.3		ļ	
	BEL, WILLIAM H.		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble) ) >	•		
	1 WHISPERING OAKS TRAIL			·					
MEM	V PORT RICHEY FL 34654		83		•				
			84	City	· <del></del>	8	5 Zip Co	ode	
				'		FL		_	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes	, the abov	e-named corpo	oration submits this statement for the	purpose of char	nging its n ent as reni	egistered	
agent. I a	am familiar with, and accept the obliga	of Florida. Such change was autrations of, Section 607.0505, Florid	nonzed by	ine corporado S.	on's board of directors. I hereby accep	it tite appointme	, n. 00 10g	istered	
agent. I a	am familiar with, and accept the obliga	of Florida, Such change was aurations of, Section 607.0505, Florid	nonzed by	ine corporatio	on's board of directors. I hereby accep		do 10gi	istered	
agent. I a	am familiar with, and accept the obligations of registered age	ations of, Section 607.0505, Florid int and title if applicable. (NOTE: Re	nonzed by la Statutes egistered Age	nt signature required	on's board or directors. I nereby accept d when reinstating)	DATE			į
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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)(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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TATLE

NAME

DELETE

☐ Change

Addition