

DOCUMENT # M79241

1. Entity Name  
CERTIFIED HOME INSPECTORS OF WEST FLORIDA, INC.

FILED  
Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90073 008 \*\*\*150.00

Principal Place of Business  
12555 WINNERS CR  
P.O. BOX 2052  
LAND O LAKES FL 34639

Mailing Address  
12555 WINNERS CR  
P.O. BOX 2052  
LAND O LAKES FL 34639-2052

2. Principal Place of Business  
5211 LOOY ROSE CT  
Suite, Apt. #, etc.

3. Mailing Address  
5211 LOOY ROSE CT.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
LOTZ FL  
Zip  
33549

City & State  
LOTZ FL  
Country  
USA

4. FEI Number  
59-2928110

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONNELL, THOMAS F  
12555 WINNERS CIR  
SPRING HILL FL 34616

7. Name and Address of New Registered Agent

Name  
THOMAS F. MCDONNELL  
Street Address (P.O. Box Number is Not Acceptable)  
5211 LOOY ROSE CT  
City  
LOTZ FL  
Zip Code  
FL 33549

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE THOMAS F. MCDONNELL DATE 4-1-00  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May B Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D MCDONNELL, THOMAS F 12555 WINNERS CIR SPRING HILL FL		

13. 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 info indicated on this report or supplemental 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 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 11 or changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: THOMAS F. MCDONNELL Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR