

. FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 12 1996 8:00 am

Secretary of State

DOCUMENT # N40874 (2)

1. Corporation Name

SUNCOAST CHAPTER OF THE AMERICAN SOCIETY OF HOME INSPECTORS, INC

Principal Place of Business

P.O. BOX 13023
ST. PETERSBURG FL 33733-3023

Mailing Address

P.O. BOX 13023
ST. PETERSBURG FL 33733-3023



3. Date Incorporated or Qualified
11/19/1990

3a. Date of Last Report
12/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3047547

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**LLOYD, KEN
2610 1ST AVENUE NORTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name

Crawford, Scott

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

871 20th Ave North

83

84 City

St. Petersburg

FL

85 Zip Code

33704

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4-8-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MILLER, LAWRENCE**
STREET ADDRESS **14301 BRUCE B. DOWNS BLV**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☒ DELETE
NAME **TAFELSKI, THOMAS**
STREET ADDRESS **12841 68 ST N**
CITY-ST-ZIP **LARGO FL**

TITLE **SD** ☒ DELETE
NAME **HERVEY, JOE**
STREET ADDRESS **2553 ARBORWOOD DR**
CITY-ST-ZIP **VALRICO FL**

TITLE **TD** ☒ DELETE
NAME **LLOYD, KEN**
STREET ADDRESS **2610 1ST AVE N**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☐ Change ☐ Addition
Young, Ken
525 South Paula Dr.
Dunedin, FL 34698

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD ☐ Change ☐ Addition
Goellner, Karl
9316 Fairway Lakes Ct.
Tampa, FL 33647

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD ☐ Change ☐ Addition
Bannister, Tom
2132 Rivers Edge Ct.
Clearwater, FL 34623

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TD ☐ Change ☐ Addition
Crawford, Scott
871 20th Ave North
St. Petersburg, FL 33704

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 813 753-2435

Date

Daytime Phone #

CR2E037 (12/95)