

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40874 (2)

1. Corporation Name

SUNCOAST CHAPTER OF THE AMERICAN SOCIETY OF HOME
INSPECTORS, INC

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

11/19/1990

4. FEI Number

59-3047547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

10. Name and Address of New Registered Agent

CRAWFORD, SCOTT
871 20TH AVE. N.
ST. PETERSBURG FL 33704

81 Name

SIMON SWAIN

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

83

8411 SUN STATE ST

84 City

TAMPA

FL

FL

85 Zip Code

33634

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

(NOTE: Registered Agent signature required when reinstating)

8.11.98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, KEN	
STREET ADDRESS	525 S. PAULA DR.	
CITY-ST-ZIP	DUNEDIN FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN SWAIN	
1.3 STREET ADDRESS	8411 SUN STATE STREET	
1.4 CITY-ST-ZIP	TAMPA FL 33634	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOELLNER, KARL	
STREET ADDRESS	9316 FAIRWAY LAKES CT.	
CITY-ST-ZIP	TAMPA FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT TUBERGEN	
2.3 STREET ADDRESS	7850 128th St. N	
2.4 CITY-ST-ZIP	SEMINOLE FL 33776	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BANNISTER, TOM	
STREET ADDRESS	2132 RIVERS EDGE CT.	
CITY-ST-ZIP	CLEARWATER FL	

3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SIMON SWAIN	
3.3 STREET ADDRESS	8411 SUN STATE STREET	
3.4 CITY-ST-ZIP	TAMPA, FL 33624	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, SCOTT	
STREET ADDRESS	871 20TH AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ED APINO	
4.3 STREET ADDRESS	2610 1st AVENUE, N.	
4.4 CITY-ST-ZIP	ST PETERSBURG FL 33713	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.4.98

813-889-9444

Date

Daytime Phone #

CR2E037 (5/98)