N40874

Annual Report
Filed 3-2-93

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2 pgs.

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MAR 2'93

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

1. Name and Mailing Address of Corporation: DOCUMENT # N40874 (2)

P93011681

SUNCOAST CHAPTER OF THE AMERICAN SOCIETY OF HOME INSPECTORS, INC.
PO BOX 13023
SAINT PETERSBURG FL 33733-3023

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/19/1990	07/17/1992

FILING FEE	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
$200.00	MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 593047547 — Applied For ☐ Not Applicable ☐

2. Mailing Address	2a. Principle Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $138.75 Supplemental Fee Not Required

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL | 85 Zip Code | 86 Country

11. Pursuant to the provisions of Sections 607.0202 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(If registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	P/D	1.1 TITLE	
1.2 NAME	MILLER, LAWRENCE	1.2 NAME	
1.3 ADDRESS	14301 BRUCE B. DOWNS BLV	1.3 ADDRESS	
1.4 CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
2.1 TITLE	V/D	2.1 TITLE	
2.2 NAME	TAFELSKI, THOMAS	2.2 NAME	
2.3 ADDRESS	12841 66 ST N	2.3 ADDRESS	
2.4 CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
3.1 TITLE	S/D	3.1 TITLE	
3.2 NAME	HERVEY, JOE	3.2 NAME	
3.3 ADDRESS	2553 ARBORWOOD DR	3.3 ADDRESS	
3.4 CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
4.1 TITLE	T/D	4.1 TITLE	
4.2 NAME	LLOYD, KEN	4.2 NAME	
4.3 ADDRESS	2610 1ST AVE N	4.3 ADDRESS	
4.4 CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/92)

14. 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 further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 above, or on an attachment with an address.

SIGNATURE [signature] DATE

Print/Type Name of Signing Officer or Director: KEN LLOYD
Title(s): TREASURER/DIRECTOR
Daytime Telephone Number: (813) 323-3864

FOLD