

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90005 034 ****61.25

DOCUMENT # N40961

1. Entity Name
**FLORIDA CHAPTER OF AMERICAN SOCIETY OF HOME
INSPECTORS, INC.**



Principal Place of Business
**12708 SAN JOSE BLVD., STE 2
JACKSONVILLE, FL 32223**

Mailing Address
**12708 SAN JOSE BLVD., STE 2
SUITE 5 B
JACKSONVILLE, FL 32223**

54024467



2. Principal Place of Business

3. Mailing Address
12708 San Jose Blvd.

Suite, Apt. #, etc

Suite, Apt. #, etc
Suite 2

03282004 Chg-NP CR2E037 (10/03)

City & State

City & State
Jacksonville, FL

4. FEI Number
65-0231779

Applied For
Not Applicable

Zip

Country

Zip
32223

Country
USA

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

6. Name and Address of Current Registered Agent

**GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD
SUITE 504
JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CLARK, GARY**
STREET ADDRESS **150 WARREN CIRCLE, SUITE 5 B**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **PD** ☐ Delete
NAME **WAGNER, ROBERT**
STREET ADDRESS **12708-2 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **D** ☐ Delete
NAME **MULLIN, TOM**
STREET ADDRESS **5 WATER OAK**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **VPD** ☐ Delete
NAME **GIFFORD, CHARLES**
STREET ADDRESS **1639 EMERSON ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☒ Delete
NAME **SERVICE, STEVE**
STREET ADDRESS **5052 SWEET BASIL LANE**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **SD** ☐ Delete
NAME **HILL, TABOR**
STREET ADDRESS **1120 PARK AVE.**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D MULLEN, TOM**
STREET ADDRESS **5 Water Oak**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TD RUSSO, VITO**
STREET ADDRESS **3363 Light House Pointe**
CITY-ST-ZIP **Jacksonville, Beach, FL 32250**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. WAGNER, PRESIDENT
3/28/04 904-268-8211

Date

Daytime Phone #