

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030194 (3)

1. Corporation Name:

I SPY BUILDING AND HOME INSPECTIONS, INC.

Principal Place of Business:

2029 MICHIGAN AVE NE
ST PETERSBURG FL 33703

Mailing Address:

2029 MICHIGAN AVE NE
ST PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3178779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under § 1905, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

City & State

28

City & State

24

City & State

29

City & State

25

City & State

30

City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAYTON, JOSEPH E
116 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

Neal H Schwartz, President

Neal H Schwartz

4/29/95

12. OFFICERS AND DIRECTORS

12.1 NAME

PVPS
SCHWARTZ, NEAL H
2029 MICHIGAN AVE
ST PETERSBURG FL

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 NAME

12.5 STREET ADDRESS

12.6 CITY & STATE

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY & STATE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY & STATE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY & STATE

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY & STATE

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY & STATE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY & STATE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY & STATE

13.5 NAME

13.6 STREET ADDRESS

13.7 CITY & STATE

13.8 NAME

13.9 STREET ADDRESS

13.10 CITY & STATE

13.11 NAME

13.12 STREET ADDRESS

13.13 CITY & STATE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY & STATE

13.17 NAME

13.18 STREET ADDRESS

13.19 CITY & STATE

13.20 NAME

13.21 STREET ADDRESS

13.22 CITY & STATE

13.23 NAME

13.24 STREET ADDRESS

13.25 CITY & STATE

14. I hereby certify that the information supplied with this filing is substantially true and correct and comply with the requirements stated in Sections 1905 and 1906, Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. This certificate is a declaration of the preparer of this report or the person responsible for preparing this report as required by Chapter 1407, Florida Statutes, and that my name is approved. Check box if a check of the preparer or person responsible for preparing this report is required.

SIGNATURE:

Neal H Schwartz

PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 835724779