FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000030194 (3)

I SPY BUILDING AND HOME INSPECTIONS, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2029 MICHIGAN AVE NE 2029 MICHIGAN AVE NE ST PETERSBURG FL 33703 ST PETERSBURG FL 33703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1993 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 59-3178779 Not Applicable Suite, Apl. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GAYTON, JOSEPH E 116 TREASURE ISLAND CAUSEWAY 82 Street Address (P.O. Box Number is Not Acceptable) TREASURE ISLAND FL 33706 83 84 City 85 Zip Code FI 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 607.0505, Florida Statutes. SIGNATURE (NO1): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.130LE SCHWARTZ, NEAL H NAME 1.2 NAME 2029 MICHIGAN AVE STREET ADDRESS 1.3 STREET ADDRESS ST PACK FL CITY-ST-ZIP 1.4 CITY-ST-7IP DELF 1E Addition 211016 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - \$1 - 2IP CITY-S1-ZIP DELETE ☐ Addition Change TITLE 3.11ITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY - S1 - ZIP DELETE Change Addition 4.1 JITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - 7/P CITY-ST-ZIP 2000024874**5**£hange DELETE TITLE 5.1 TITLE -04/14/38--01001--022 **5.2 NAME** NAME ***150.00 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

CITY-ST-ZIP 14. Thereby 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 arrural report or suppliemental arrural 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS