FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:42

DOCUMENT # P93000039431 (0)

1. Corporation Name
PREFERRED BUILDING INSPECTIONS, INC.

Principal Place of Business	Mailing Address
P O BOX 862 WINDERMERE FL 34786	P O BOX 862 WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1993
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21 6342 OAK MEADOW BEND	26 6342 OAK MEADOW BEND
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Orlando, FL	City & State 28 ORLANDO FL
Zip 24 32819 Country 25 USA	Zip 29 32819 Country 30 USA

4. FEI Number: 59-3187747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

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

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WRIGHT, LYNN WALKER, ESQ. ASMA & WRIGHT, P.A. 886 S. DILLARD ST. WINTER GARDEN FL 34787	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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if agent is an officer (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LIBERNINI, TED	1.2 NAME	Ted Libernini	
STREET ADDRESS	C/O 2013 LAKE CRESCENT CT	1.3 STREET ADDRESS	6342 Oak Meadow Bend	
CITY-ST-ZIP	WINDEREMERE FL 34786	1.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	PD	2.1 TITLE	STD	☑ Change ☐ Addition
NAME	FIDLER, GEORGE	2.2 NAME	Kelvin Eder	
STREET ADDRESS	C/O 2013 LAKE CRESCENT CT	2.3 STREET ADDRESS	8679 Alegre Circle	
CITY-ST-ZIP	WINDEREMERE FL 34786	2.4 CITY-ST-ZIP	Orlando, FL 32836	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/4/95 (407) 354-1797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0463384 FP