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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT DE STATE

Sandra B. Mort

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P93000039431 (0)

PREFERRED BUILDING INSPECTIONS, INC.

Principal Place of Business	Mailing Address
7525 PINEMOUNT DR	7525 PINEMOUNT DR
ORLANDO FL 32819	ORLANDO FL 32818
US	US

FILED Jul 09 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3187747 21 Not Applicable Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. X Yes ∏ No 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WRIGHT, LYNN WALKER, ESQ. ASMA & WRIGHT, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 886 S. DILLARD ST. 83 Winter Garden Fl 34787 City 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change Addition TITLE 11 TITLE LIBERNINI, TED NAME 1.2 NAME 12401 WALREN ROAD **7825 PINEMOUNT DR** STREET ADDRESS 1.3 STREET ADDRESS CLERMONT, FL 34711 Orlando Fl CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE Change Addition TITLE 2.1 TITLE **EDER.** KELVIN NAME 22 NAME 8679 ALEGRE CIRCLE 2.3 STREET ADDRESS STREET ADDRESS OPLANDO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TOTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - ST - ZIP DELETE ☐ Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6. CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplemental an util 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 I/n receiption trusted empowered to execut this report as required by Chapter 607, Florida Statules; and that my name appears in Block 13 if changed, or or in altagraphent with an address