

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000013901 (1)**
1. Corporation Name

AST INSPECTION SERVICES, INC.

Principal Place of Business

**2615 GIANT PL
SEFFNER FL 33584**

Mailing Address

**2615 GIANT PL
SEFFNER FL 33584**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1994

2. Principal Place of Business

21 **Rte 3 Box 1066**

Suite, Apt. #, etc.

22

City & State

23 **MADISON, Florida**

Zip

24 **32340**

Country

25 **USA**

2a. Mailing Address

26 **P O Box 902**

Suite, Apt. #, etc.

27

City & State

28 **MADISON Florida**

Zip

29 **32341-0902**

Country

30 **USA**

4. FEI Number

59-3233030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**COLEMAN, DANIEL E III
2615 GIANT PL
SEFFNER FL 33584**

10. Name and Address of New Registered Agent

81 Name

Daniel E Coleman III

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

Rte 3 Box 1066

83

84 City

MADISON

FL

85 Zip Code

32340

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

Daniel E Coleman III

Daniel E Coleman III

7-28-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **COLEMAN, DANIEL E III**

STREET ADDRESS **2615 GIANT PL**

CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Rt 3 Box 1066

MADISON, FL 32340

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Daniel E Coleman III

Daniel E. Coleman III

7-28-98

850-929-2565

CR2E034 (5/98)