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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90049 047 ***150.00

DOCUMENT # P94000019209

1. Corporation Name

THOMP	SON & BENDER INSPECTION	I SERVICES, INC.				
Principal Place of Business Mailing Address						
1640 9TH AVE N ST PETERSBURG FL 33713		1640 9TH AVE N ST PETERSBURG FL 33713			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/11/1994	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21					59-3380793 Not Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc 22				-	5. Certificate of Status Desired	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Zip 30	Coun	try	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Current		1		10. Name and Address of New Registered Agent	
BENDER, DAVID 1640 9TH AVE N ST PETERSBURG FL 33713				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
			1	84 City	FL 85 Zip Code	
figure of a contract of the co	it to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	i Fiorida. Such change was autก	ionzed i	by the co	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered A	gent signatu	nature required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITL	E	☐ Change ☐ Additio	
NAME	BENDER, DAVID L		1.2 NAM	Œ		
STREET ADDRESS 1640 9TH AVE NORTH		1.3 STREET ADDRESS		PRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713		1.4 CITY	(-ST-ZIP		
					Chara C Addition	

12 Addition ☐ Addition TITLE DELETE 2.1 TITLE FINTEL. ROBERT L NAME 616 16 AVE NE 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33704 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Maddition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZiP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 attachanged with an address, with all other like empowered.

SIGNATURE!

CR2E034 (11/98)