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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000032432

1. Corporation Name

THE HOME INSPECTOR OF TALLAHASSEE, INC.

	WIL HAOI LO	OH OF TALLS	iii/ioolly iiio									
Principal Place of Business Mailing Address								i imalijani tim imilijani	I 804]] 6]			TILLE
2963 PADDING		:	2963 PADDINGTON DR									
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308										_ .	:	
US US							L				HIS SPACE	
								3. Date incorporated or Q	ualifed	İ		ļ
								04/27/1994			,r.	
2. Principal P	lace of Business		2a. Mailing Address				4. FEI Number			<u> </u>	oplied For	
21 3735 Swallowtail Trace			26 3735 Swallowtail Trace				<u>59-3283709</u>				ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status De	sired		\$8.75 / Fee Re		
22			City & State			-	A FL III O malas Fin					
City & Stat	<u> </u>					===	Election Campaign Fin Trust Fund Contribution		[]		May Be	
23 Tallahassee, FL			28 Tallahassee, FL Zip Country			-	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible					
Zip	[Country	29 32308		-			Personal Property Tax.		rent year	∏ Yes	□No
²⁴ 32308_	25 Z	Leon	nt Registered Agent	30 L	<u>eoi</u>	·		10. Name and Address of		Register		
	5. Name and	Address of Care	int Kegistered Agent		81	Name		TO: Hamo and the state of		-		
DRA	ke, leslie				82							
2963 PADDINGTON DR								(P.O. Box Number is Not		able)		
						3735	Swa	llowtail_Trace				~
17.22	344,0022 12	02400			83							
			•		84	City						Code
					L	_Tal.l	laha	ssee	for the			2308
office or r agent. I a	registered agent, im familiar with, a	or both, in the State and accept the oblig	02 and 607.1508, Florida Sta e of Florida. Such change was ations of, Section 607.0505, I	-iorida Stat	utes				y acce			egistered
	Signature, typed or pr	inted name of registered ag		TE: Registered	i Ager	t signature re	equired wh		TO 01	DATE		DDC IN 12
12.		OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES	10 0	FICERS	TXChange	Addition
TITLE	P		DELETE	1.1 T							Cachange	
NAME	DRAKE, LES			1.2 N			070	e e114.41	т			
STREET ADORESS	1					ADDRESS		5 Swallowtail				
CITY-ST-ZIP	TALLAHASSE	E FL 32308			iTY-S	T-ZiP	Tal	<u>lahassee, FL 3</u>	1230	8	Change	Addition
TITLE	}		☐ DELETE	2.1 T							□ Citarige	Addition
NAME				2.2 N								
STREET ADDRESS				2.3 S	TREE	ADDRESS						
CITY-ST-ZIP					S-YTK	T-ZIP					Channa	Addition
TITLE			☐ DELETE	3,1 T	ITLE	.					Change	[] Addition
NAME]			3.2 N		į						
STREET ADDRESS	•			3.3 S	TREE	ADDRESS						
CITY-ST-ZIP			·	3.4. 0	YTY-S	T-ZIP						
TITLE			☐ DELETE	4.1 T	ITLE						☐ Change	☐ Addition
NAME				4.21	AME							
STREET ADDRESS	}			4.3 \$	TREE	ADDRESS						
CITY-ST-ZIP					ΠY-S	T-ZIP						
TITLE			☐ DELETE	5.1 T	ITLE						Change	Addition
1				-		1						
NAME	1		_	5.2 N		1						

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 with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

Addition