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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033466 (1)**

1. Corporation Name

FAIL SAFE REALTY INSPECTIONS, INC.

Principal Place of Business	Mailing Address
883 SNOW QUEEN DR. CHULUOTA FL	883 SNOW QUEEN DR. CHULUOTA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1994	3a. Date of Last Report:
4. FEI Number: 593243039	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WATTLES, ROBERT C ESQ
301 E. HILLCREST ST.
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name: DON L. MOON
82 Street Address (P.O. Box Number is Not Acceptable): 883 Snow Queen Drive
83: Chuluota, Florida
84 City: Chuluota, FL 85 Zip Code: 32766

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: Don L. Moon — PRESIDENT — 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	MOON, DON L	12 NAME	MOON, DON L	
STREET ADDRESS	883 SNOW QUEEN DR.	13 STREET ADDRESS	883 SNOW QUEEN DR.	
CITY-ST-ZIP	CHULUOTA FL	14 CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	21 TITLE	V/S/T	☒ Change ☐ Addition
NAME	MOON, BARBARA J	22 NAME	MOON, BARBARA J	
STREET ADDRESS	883 SNOW QUEEN DR.	23 STREET ADDRESS	883 SNOW QUEEN DR.	
CITY-ST-ZIP	CHULUOTA FL	24 CITY-ST-ZIP	CHULUOTA FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

6/12

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: Barbara J. Moon — Barbara J. Moon VP/S/T 407-365-1876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0060763 CP