FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000058868 (8)**

1. Corporation Name

PREMIER BUILDING INSPECTION, INC.

Principal Place of Business
~~422 DEEDS AVE.~~ 2922 STERLING LN
SARASOTA FL 34231-5129

Mailing Address
~~422 DEEDS AVE.~~ 2922 STERLING LN
SARASOTA FL 34231-5129

3. Date Incorporated or Qualified **08/10/1994**	**3a.** Date of Last Report **04/19/1996**	

2. Principal Place of Business	**2a.** Mailing Address	**4.** FEI Number **65-0518969**	Applied For / Not Applicable
21 2922 STERLING LANE	26		
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 SARASOTA FL	City & State 28	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 34231	Country 25 SARASOTA	Zip 29	Country 30	**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent		**10.** Name and Address of New Registered Agent
GAVRILLIS, STEVE ~~422 DEEDS AVE.~~ 2922 STERLING LN SARASOTA FL 34231-5129	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	**FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ~~X~~   DATE 4-30-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME GAVRILLS, STEVE		1.2 NAME	
STREET ADDRESS ~~422 DEEDS AVE.~~ 2922 STERLING LN		1.3 STREET ADDRESS 2922 STERLING LANE	
CITY-ST-ZIP SARASOTA FL 34231-5129		1.4 CITY-ST-ZIP SARASOTA FL 34231	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: X _(Steve Gavrillis)_   4-30-97   941-922-0861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #