

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059493 (4)**

1. Corporation Name

INSPECTIONS PLUS, INC.

Principal Place of Business

**2000 PINE COVE DRIVE
ENGLEWOOD FL 34224**

Mailing Address

**2000 PINE COVE DRIVE
ENGLEWOOD FL 34224**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 9300 Pine Cove Dr.

2a. Mailing Address

26 Same

4. FEI Number

65-0519923

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Englewood, Fl.

27 Same

City & State

28 Same

Zip

Country

24 34224

25 Charlotte

Zip

Country

29 Same

30 Same

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LUSSENDEN, ROBERT L
2000 PINE COVE DRIVE
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name

Robert L. Lussenden

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

9300 Pine Cove Dr.

83

84 City

Englewood

85

Zip Code

FL 34224

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

Robert L. Lussenden

April 17, 1995

Signature, typed or printed name of registered agent and term of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
S. Sandra Lussenden
9300 Pine Cove Dr.
Englewood, Fl. 34224**

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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:

S. Sandra Lussenden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Sandra Lussenden

April 17, 1995

DATE

Signature Printed Name