FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

APPROVED AND FILED

95 APR -7 AM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068399 (2)

1. Corporate Name
AMBASSADOR INSPECTION CONSULTANTS, INC.

Principal Place of Business
5026-1
PLYMOUTH ST.
JACKSONVILLE FL 32236-6626

Mailing Address
P.O. BOX 6626
JACKSONVILLE FL 32236-6626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1994
3a. Date of Last Report: 9/15/94

2. Principal Place of Business
21 SUITE 1-5026 PLYMOUTH ST
Suite, Apt. # etc.
22 JACKSONVILLE FLA.
City & State
23
Zip 24 32236-6626 Country 25 U.S.A.

2a. Mailing Address
26 P.O. BOX 6626
Suite, Apt. # etc.
27
City & State
28 JACKSONVILLE, FLA
Zip 29 32236-6626 Country 30 U.S.A.

4. FEI Number: 59-3264124 — 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

9. Name and Address of Current Registered Agent
PHILYAW, THOMAS C
5172 JANICE CIRCLE SOUTH
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1808, 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. The 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: THOMAS PHILYAW *Thomas C Philyaw* 3-28-95
(Typed or printed name of person signing) (Signature of person signing) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PRES. - CEO.
NAME	THOMAS PHILYAW
STREET ADDRESS	5172 JANICE CIR. S.
CITY, ST, ZIP	JACKSONVILLE, FLA. 32210
TITLE	V. PRES.
NAME	GILBERT CLOUTIER
STREET ADDRESS	5110 JANICE CIR. S.
CITY, ST, ZIP	JACKSONVILLE, FLA. 32210
TITLE	SEC. TREAS.
NAME	MILDRED PHILYAW
STREET ADDRESS	5172 JANICE CIR. S.
CITY, ST, ZIP	JACKSONVILLE, FL. 32210

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19__

☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

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TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is true and complete to the best of my knowledge and belief. I further certify that I am an officer or director of the corporation or the person authorized to sign this report as required by Chapter 607, Florida Statutes. I further certify that I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 above, or I have attached an amendment with my address.

SIGNATURE: *Thomas C Philyaw* 3-29-95 904-783-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

FILING FEE