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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400068920**1. Corporation Name

FULL HOUSE HOME INSPECTIONS, INC.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90020 043 ***150.00



Principal Place	e of Business	Mailing Address						
5091 ENSIGN L	LOOP	5091 ENSIGN LOOP						
NEW PORT RIC	CHEY FL 34652	NEW PORT RICHEY FL 3	4652					
[DO NOT WRITE IN THIS	SPACE		า
					3. Date Incorporated or Qualifed			
					09/14/1994			
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	ļ 	Applied For	1:
21		26			66-0442299		Not Applicable	.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22		27				Fee F	Required	1
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	D May Be	1
23		28			Trust Fund Contribution	Adde	d to Fees	4
Zip	Country	Zip	Cou	intry	This corporation owes the current year In	_=		
24	25	29	30		Personal Property Tax.	Yes	□No	1
	9. Name and Address of Curren	t Registered Agent		941	10. Name and Address of New Registered	Agent		-
אחרי	N HADVEV	3 * '		81 Name				1
	ok, harvey 1 ensign loop			82 Street Add	dress (P.O. Box Number is Not Acceptable)			1
		· •						
NEW	V PORT RICHEY FL 34652			83		· 1		
				84 City	FI	85 Zir	Code	1
				<u> </u>	<u> </u>	<u>- </u>		
office or r	egistered agent, or both, in the State.	of Florida, Such change was	authorized	t by the corporat	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing i intment as i	ts registered reaistered	
agent. I a	im familiar with, and accept the obliga-	tions of, Section 607.0505, FI	lorida Stati	utes.	, , , , , , , , , , , , , , , , , , ,		.5	
SIGNATURE	Signature, typed or printed name of registered agen	t and this if annihable (AIOT	F. Basintered	l Agent signature requi	ired when reinstating) DATE			
								۔ ا
12				Agent signature requi	<u> </u>	ND DIRECT	ORS IN 12	ĺ
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			60
TITLE	OFFICERS AN		13.	TLE	<u> </u>	ND DIRECT		144,00
TITLE	OFFICERS AN D HOOK, HARVEY	D DIRECTORS	13. 1.1 TI 1.2 NA	TLE AME	<u> </u>			1007 777
TITLE NAME STREET ADDRESS	OFFICERS AN D HOOK, HARVEY 5091 ENSIGN LOOP	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME IREET ADDRESS	<u> </u>			70074 / 44 /000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D HOOK, HARVEY	D DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI	TLE AME TREET ADDRESS TY-ST-ZIP	<u> </u>	Change	e	CD2F024 (44,00)
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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.