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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000071567 (9)

SHERLOCK HOME INSPECTION, INC. Mailing Address Principal Place of Business 402 INDIANA AVE 402 INDIANA AVE CRYSTAL BEACH FL 34681 CRYSTAL BEACH FL 34681 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1994 11/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3308806 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intagible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEINZIERL, MARK 402 INDIANA AVE 82 Street Address (P.O. Box Number is Not Acceptable) **CRYSTAL BEACH FL 34681** 83 84 Zip Code City 85 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, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) PSTD DELETE 1.1 TITLE Change THLE WEINZIERL, MARK T 1.2 NAME NAMÉ CR2E034 402 INDIANA AVE 1.3 STREET ADDRESS STREET ADDRESS CRYSTAL BEACH FL 34681 1.4 City-ST-ZiP CHY-ST-7IP Change Addition DELETE TITLE 2.1 TOLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-SI-Zi-2. 4 CITY-ST-ZIP DELETE Change Addition THILE 3.1 TITLE 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-SI-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE 70116 NAM5 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE THEF 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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

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

SIGNATURE:

appears in Block 12 or Block

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment with an address

te Daytime Phone #

FILED

Apr 01 1997 8:00am

Secretary of State