

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 4:33

DOCUMENT # P94000085952 (7)

1. Corporation Name

ALL FLORIDA INSPECTION SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1501 N 74TH TER
HOLLYWOOD FL 33024**

Mailing Address

**1501 N 74TH TER
HOLLYWOOD FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

4. FBI Number

65-0535957

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TILLEM, SCOTT
3284 N STATE ROAD 7
LAUDERDALE LAKES FL 33319**

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 607.1506, 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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature Required when mandating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

PAINE, JERYL R

STREET ADDRESS

1501 N 74TH TER

CITY ST ZIP

HOLLYWOOD FL 33024

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

TITLE

DV

NAME

PAINE, JOHN S

STREET ADDRESS

5145 VACARO AVE

CITY ST ZIP

COCOA FL 32926

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

TITLE

DS

NAME

PAINE, ORA J

STREET ADDRESS

5141 VACARO AVE

CITY ST ZIP

COCOA FL 33926

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

TITLE

DT

NAME

PAINE, THOMAS L

STREET ADDRESS

1501 N 74TH TER

CITY ST ZIP

HOLLYWOOD FL 33024

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. PAINE, Treasurer

4/14/95

(305) 957-9569