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~~PROFIT~~
~~CORPORATION~~
~~ANNUAL REPORT~~
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 DEC -2 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006791 (4)

1. Corporation Name
MR. INSPECTOR, INC.
1996 ~~ANNUAL~~ REINSTATEMENT

Principal Place of Business	Mailing Address
109 TINA ISLAND DRIVE OSPREY FL 34229	109 TINA ISLAND DRIVE OSPREY FL 34229

3. Date Incorporated or Qualified: 01/23/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 8370 WINGATE
Suite, Apt. #, etc.
22 717
City & State
23 SARASOTA FL
Zip 24 34238 Country 25 SARASOTA

2a. Mailing Address
26 P.O. BOX 912
Suite, Apt. #, etc.
27
City & State
28 OSPREY FL
Zip 29 34229 Country 30 SARASOTA

4. FEI Number: 65-0555750 ☐ 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

MYERS, JOHN H
27 FLETCHER AVE.
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700002020657--2
12/05/96--01030--012
84 City ****375.00 FL ****375.00
Zip Code

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 _____ 10/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE PRES. PAUL E PLUCHINO 8370 WINGATE UNIT 717 SARASOTA FL 34238	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition TREASURER PAUL E. PLUCHINO 8370 WINGATE UNIT 717 SARASOTA FL. 34238
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE SECRETARY PAUL E. PLUCHINO 8370 WINGATE 717 SARASOTA	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 1996
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition A. Adams 12-2-96

CR2E034 (12/95)

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: Paul E Pluchino PAUL E. PLUCHINO 9-24-96 941-349-6499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL E. PLUCHINO

CP