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FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000035480 (9)

1. Corporation Name

OSCEOLA HOME INSPECTION, INC.

Principal Place of Business

1183 CREEKWOOD CIRCLE
ST. CLOUD FL 34772

Mailing Address

1183 CREEKWOOD CIRCLE
ST. CLOUD FL 34772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1995

4. FEI Number

59-3314361

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 5718 Sweetheart Ct.

Suite, Apt. #, etc.

22

City & State

23 St. Cloud, FL

Zip

24 34772

Country

25 US

2a. Mailing Address

26 5718 Sweetheart Ct.

Suite, Apt. #, etc.

27

City & State

28 St. Cloud, FL

Zip

29 34772

Country

30 US

9. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S ORLANDO AVENUE
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

Maureen M. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

5718 Sweetheart Ct.

83

84 City

St. Cloud

FL

85 Zip Code

34772

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

Walter S Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
JOHNSON, WALTER
STREET ADDRESS 1183 CREEKWOOD CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE ☐ DELETE

NAME VD
JOHNSON, MAUREEN M
STREET ADDRESS 1183 CREEKWOOD CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS 5718 Sweetheart Ct.
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS 5718 Sweetheart Ct.
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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.

SIGNATURE:

Walter S Johnson

CR2E034 (10/97)