PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # P95000	046667							
1. Corporation	VOOD INSPECTION SERVIC	F. INC.							
ONDERN	TOOD MICH COMMON CENTRO	, IIIO				 	FR (4) 8 E (4) 4 FR(
Principal Place of Business Mailing Address									
210 CORDOBA CIR ROYAL PALM BEACH FL 33411 210 CORDOBA CIR ROYAL PALM BEACH FL 33411									
						DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifed		, , , , , , , , , , , , , , , , , , ,	
						06/12/1995			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21		26				65-0339128			t Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ · · · ~!	-\$8:75 Additional Fee Required		
22		27 City & State							
City & State	e	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 r	•	
Zip	Country	Zip Country		8. This corporation owes the current year Intangible					
24	25	29	30			Personal Property Tax.			□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	jistered Ag	ent	-
LINE	SEDWOOD LECLIC B	_		81	Name				
UNDERWOOD, LESLIE B 210 CORDOBA CIR				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
ROYAL PALM BEACH FL 33411									
not	AL PALM DEACH PL 33411			83					
				84	City	<u>.</u>	FI	85 Zip C	ode
44 Discussions	to the servicions of Sections 607 DEO	2 and 607 1508 Florida Stat	titoe the s	hove	-named com	poration submits this statement for the pu	mose of ch	 anging its	registered
office or r	enistered agent, or both, in the State i	nf Florida. Such change was	authorize	d by i	he corporati	ion's board of directors. I hereby accept t	he appointn	nent as reg	gistered
_	m familiar with, and accept the obligation	gions of, Section 607.0305, F	TORGA STA	iules.					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NC	TE: Registered	1 Agent	signature require	ed when reinstating)	DATE		
12.				13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1,1 T	ITLE				Change	Additi
NAME -	UNDERWOOD, BARRY K		1.2 N	AME	İ	·			
STREET ADDRESS 210 CORDOBA CIR			1.3 S	1.3 STREET ADDRESS				•	
CITY-ST-ZIP	ROYAL PALM BEACH FL 3341	1	1.4 0	ITY-ST	-ZIP	<u> </u>			
TITLE	ST	☐ DELETE	2.1 T	ITLE		•	Γ	☐ Change	☐ Additi

Addition ☐ Change UNDERWOOD, LESLIE B 22 NAME NAME 210 CORDOBA CIR 2.3 STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL 33411** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 changes, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90237 010 ***150.00

CR2E034 (11/98)

Addition