

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000069753 (8)

1. Corporation Name

PRO-INSPECT, INC.



Principal Place of Business

14207 LOUISE DRIVE
PANAMA CITY FL 32409

Mailing Address

14207 LOUISE DRIVE
PANAMA CITY FL 32409

2. Principal Place of Business

2a. Mailing Address

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State, Apt., etc.

State, Apt., etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

HARRISON, FRANKLIN R
304 MAGNOLIA VE
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

4. FEI Number

59-3355530

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

10. Name and Address of New Registered Agent

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 607.0602 and 607.1502, 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed or Printed Name)

Signature of Authorized Representative (Typed or Printed Name)

DATE

12. OFFICERS AND DIRECTORS

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MCKINNEY, JOHN P
14207 LOUISE DRIVE
PANAMA CITY FL 32409
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MCKINNEY, FRANCES O
14207 LOUISE DRIVE
PANAMA CITY FL 32409

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I 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 addition, in Block 13 with an address.

SIGNATURE

John P. McKinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John P. McKinney

2-24-96

(904) 265-1003

CR2E034 (12/95)