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Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32409-2555



2. Principal Place of Business 21 3150 State Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 3150 State Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/11/1995		3a. Date of Last Report 02/28/1996	
22 City & State 23 Panama City, FL Zip Country		27 City & State 28 Panama City, FL Zip Country		4. FEI Number 59-3355530		Applied For Not Applicable	
24 32405		25		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
29 32405-3316		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

HARRISON, FRANKLIN R  
304 MAGNOLIA VE  
PANAMA CITY FL 32401

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P
NAME	MCKINNEY, JOHN P	1.2 NAME	MCKINNEY, JOHN P.
STREET ADDRESS	14207 LOUISE DRIVE	1.3 STREET ADDRESS	3150 STATE AVE.
CITY-ST-ZIP	PANAMA CITY FL 32409	1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405-3316
TITLE	D	2.1 TITLE	D/S/T
NAME	MCKINNEY, FRANCES O	2.2 NAME	MCKINNEY, FRANCES O.
STREET ADDRESS	14207 LOUISE DRIVE	2.3 STREET ADDRESS	3150 STATE AVE.
CITY-ST-ZIP	PANAMA CITY FL 32409	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32405-3316
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *John P. McKinney* 3-23-97 (904)769-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0043970

CR2E034 (9/96)