## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073414 (1)

BE-SECURE INSPECTION SERVICE, INC.

Principal Place of Business		Mailing Address	Mailing Address		4 400 100 116 (810) 2161 4010 3810 3810 3810 4010 4010 HOLL BIRL BIRL	
711 ANCLOTE OR. TARPON SPRINGS FL 34689		711 ANCLOTE DR. TARPON SPRINGS FL	711 ANCLOTE DR. TARPON SPRINGS FL 34689		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					09/21/1995	
2. Principal	Place of Business	2a. Mailing Address		·	4. FEI Number	Applied For
21		26			59-3344587	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	[ Zip	Cou	ntry	8. This corporation owes or has paid the cu	
24	25	29	30			Yes No
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Registered	Agent
Pl	JRDY, DEREK J			81 Name		
711 ANCLOTE DR. TARPON SPRINGS FL 34689				82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
				B3		
				84 City		85 Zip Code
				[ · · ]	Fl	
agent. I	am familiar with, and accept the of	bligations of, Section 607.0505,	Florida Stat	utes.	ration's board of directors. I hereby accept the apparent members of the appar	Continuent as registered
12.	<del></del>	AND DIRECTORS	13.	Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	T P	DELETE	1.1 Ti	TIE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	PURDY, LYNN K		1,2 N	Į.	'	
STREET ADDRESS	<del> </del>			REET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 346	190				
TITLE	ST ST	DELETE	1.4 U	TY-ST-ZIP		Change Addition
NAME	PURDY, DEREK J		2.1 II	f		C Antenigo C Addition
STREET ADDRESS					<u> </u>	
	TARPON SPRINGS FL 346	RRO		REET ADDRESS		
CITY-ST-ZIP TITLE	IMPON SENIOS EL 340	DELETE	317	ITY-ST-ZIP		Change Addition
NAME	1	- otter	3.1 N			
STREET ADDRESS	.1			REET ADDRESS		
CITY-ST-ZIP	<u> </u>					
TITLE	<del> </del>	DELETE	4.1 11	ITY-ST-ZIP		Change Addition
NAME		- victic	4.21	1		
STREET ADDRESS	.1			REET ADORESS		
	<b>'</b>			1		
CITY-ST-ZIP TITLE	<del> </del>	DELETE	4.4 C	TY-ST-ZIP		Change Addition
NAME	1	_ occir	5.1 N	ſ		C Swange C Rounion
	.]					
STREET ADDRESS	` <b>j</b>			REET ADDRESS		
CITY-ST-ZIP	<del> </del>	DELETE	5.4 C 6.1 Ti	TY-ST-ZIP		Change Addition
TITLE						

6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

14. Thereby 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an attachment with an additional statutes.

**FILED** 

Apr 13 1998 8:00am

Secretary of State