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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074907

QUALIFIED INSPECTION SERVICES, INC.

Principal Place of Business

Mailing Address

4220 S.W. 73RD TERRACE

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90041 044 ***150.00



| DAVIE FL 33314 | | DAVIE FL 33314 | | |
|-------------------------------------|---|--|--|--|
| DATE 12 00014 | | | | DO NOT WRITE IN THIS SPACE |
| | <u>.</u> | | | 3. Date Incorporated or Qualifed |
| | | | | 09/28/1995 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 1 | <u> </u> | 26 | | 65-0612045 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 2 | · | 27 | | T ee required |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| :3 | | 28 | | 1,001 |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangible |
| | 25 | 29 30 | 0] | Personal Property Tax. Yes LINO 10. Name and Address of New Registered Agent |
| | 9. Name and Address of Curren | t Registered Agent | 81 Name | 10. Name and Address of New Registered Agent |
| | | • | 81 Name | |
| CHO | NKHITE, KEVIN | • | 82 Street Add | ress (P.O. Box Number is Not Acceptable) |
| | S.W. 73RD TERRACE | · | | ्रा तर के ते तह अपने कर कर कर कर के प्रतिकार के प्रतिकार के प्रतिकार कर के स्वर्ध के प्रतिकार कर की स्वर्ध के क स्वर्ध के प्रतिकार के किस्सान कर की स्वर्ध के स्वर्ध के स्वर्ध के किस कर की स्वर्ध के स्वर्ध के स्वर्ध के स्वर्ध |
| , DAVI | E FL 33314 | | 83 | त्रिक पहुंचा है। यह समित्र के प्रतिकृति के प्रतिकृति के प्रतिकृति के प्रतिकृति के प्रतिकृति के प्रतिकृति के प् दूर्वित के प्रतिकृति |
| | | | 84 City | 85 Zip Code |
| | | | 1 1 - | |
| 11. Pursuant office or reagent. I a | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | 2 and 607.1508, Florida Statutes of Florida. Such change was auth tions of, Section 607.0505, Florid | , the above-named corporation of the corporation of | poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | NOTE P | egistered Agent signature require | ed when reinstating) DATE |
| | Signature, typed or printed name of registered agen | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | PVST | DELETE | 1,1 TITLE | " , Change Addition |
| TITLE | | | 1.2 NAME | |
| NAME . | CRONKHITE, KEVIN | | 1.3 STREET ADDRESS | |
| STREET ADDRESS | 4220 S.W. 73RD TERRACE | | 1.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | DAVIE FL 33314 | ☐ DELETE | 2.1 TITLE | . Change Addition |
| TITLE | D | | 2.2 NAME | |
| NAME | CRONKHITE, KEVIN | | 2.3 STREET ADDRESS | |
| STREET ADDRESS | 4220 S.W. 73RD TERRACE | | | |
| CITY-ST-ZIP | DAVIE FL 33314 | [] DELETE | 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | · · · · · · · · · · · · · · · · · · · |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | Change Addition |
| TITLE | | ☐ DELETE. | 4.1 TITLE | A CONTRACTOR OF THE CONTRACTOR |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 1 |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | i. | ☐ DELETE | . 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | fra. | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | Change Addition |
| NAME | William & Comment | • | 6.2 NAME | |
| STREET ADDRESS | F 1 - 5 | | 6.3 STREET ADDRESS | |
| | 13 | · · | 6.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | | | 2 440 07(0)(2) Floride Statutes I further continue that the information |

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, with all other like empowered.

SIGNATURE: