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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000093440

1. Corporation Name

## Principal Place of Business   Mailing Address   ## P O BOX 1308   ## LARGO FL 33770   ## US   DO NOT WRITE IN THIS SPACE   ## 3. Date Incorporated or Qualifed   ## 12/07/1995   ## 2. Principal Place of Business   2a. Mailing Address   ## 21   26   Suite, Apt. #, etc.   ## Suite, Apt. #, etc.   ## 22   Suite, Apt. #, etc.   ## 22   Suite, Apt. #, etc.   ## 23   Suite, Apt. #, etc.   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 25   Certificate of Status Desired   ## 8.75 Additional Fee Required   ## 26   City & State   ## 8.75 Additional Fee Required   ## 26   City & State   ## 8.75 Additional Fee Required   ## 26   City & State   ## 8.75 Additional Fee Required   ## 27   City & State   ## 8.75 Additional Fee Required   ## 26   City & State   ## 8.75 Additional Fee Required   ## 27   City & State   ## 8.75 Additional Fee Required   ## 27   City & State   ## 8.75 Additional Fee Required   #	FLURIUF	A INSPECTION ASSOCIAT	ES, INC.					
### P.O. BOX 1288 ### LARGO FL 33779 US  ### LARGO FL 33770 US  ###	Principal Plac	e of Business	Mailing Address					18() 88() 1 <del>88</del> )
LARGO PL 33770   LARGO PL 33779   LARGO PL 33770   LARGO PL 34782   LARG							_	
2. Principal Place of Business   2a. Mailing Address   4. FE Number   Applied For   120/17/1995   1. Put Application   120/17/1995   1. Put Application   1.							,	
2. Principal Place of Business   2a, Mailing Address   4. Fill Number   Applied For	US US					DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business   2a. Mailring Address   4. FEI Number   Applied For   Not Applicable   Surface   S						· ·		
Sulfe, Apt. 8, etc.    Sulfe, Apt. 8, etc.   Sulfe, Apt. 8, etc.   S. Certificate of Status Desired   S. S. Zo Additional Properties of Status Desired   S. Zo Desired Desired   S. Zo Desired Desire		,						
Solitic, Apt. 4, efc.    Surface   Surface   Status   Scrift   Surface   Status   Scrift   Status   Scrift   Status   Scrift   Status   St	Principal Place of Business     2a. Mailing Address						h +	
Security	21 26					59-3350686		
City & State    City & State	Suite, Apt. #, etc.					5. Certifcate of Status Desired		
Zip   Country   Zip   Country   Zip   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees								<del></del>
Zip   Country   Zip   Country   Sa   This corporation owes the current year Intangible   Personal Property Tax						1 - 11	•	· 1
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name  14. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or origistered 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, and amiliar with, and accept the obtigiations of, Section 607.0505. Florida Statutes.  15. SIGNATURE  15. Signature, upred or presed care of registered agent and the registered agent age				Country				rees
9, Name and Address of Current Registered Agent  SMITH, RON ESO. 509 MAIN STREET SAFETY HARBOR FL 34695  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  11. Fursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of clavering its registered agent. In a mainlar with, and accept the obtigations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of clavering its registered agent. In a mainlar with, and accept the obtigations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In a mainlar with, and accept the obtigations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I have been opposite to a population of directors. I hereby accept the appointment as registered agent. I have been opposite to a population of directors. I hereby accept the appointment as registered agent. I have been opposited agent agent and a population agent. I have been opposited agent agent. I have been a population of directors. I hereby accept the appointment as registered agent. I have been a population of directors. I hereby accept the appointment as registered agent. I have been a population of directors. I hereby accept the appointment as registered agent. I have been a population of directors. I hereby accept the appointment as registered agent. I have been a population of directors. I hereby accept the appointment as registered agent. I have been a population of directors. I hereby accept the appointment as registered agent. I have been appointm	<b>—</b>	_ ′			y			
SMITH, RON ESO. 509 MAIN STREET SAFETY HARBOR FL 34695  80   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules.  12.   Street Address (P.O. Box Number is Not Acceptable)  13.   Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules.  15.   Street Address (P.O. Box Number is Not Acceptable)  16.   City   FL   85   Zip Code    16.   City   FL   85   Zip Code    17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules.  18.   Street Address (P.O. Box Number is Not Acceptable)  19.   Street Address (P.O. Box Number is Not Acceptable)  10.   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules.  12.   Street Address (P.O. Box Number is Not Acceptable)  13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	24			30				
Street Address (P. O. Box Number is Not Acceptable)   Sa   Street Address (P. O. Box Number is Not Acceptable)		9. Haille and Address of Cur	ant Registered Agent	81	Name	10. Halilo alla / College of the stagester		
Street Address (P. O. Box Number is Not Acceptable)   Sa   Street Address (P. O. Box Number is Not Acceptable)	SMIT	TH, RON ESQ.					·	
SAFETY HARBOR FL 34695    83				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
### City ### City ### City ### Addition ### City ### Addition ### City ### City ### Addition #### Addition ### Addition ### Addition ### Addition #### Addition ### Addition ###				83				
T. Pursuant to the provisions of Socions 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE DPCM OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE SCHULTZ, WILLIAM SCHULTZ, WIL				"	1	•		
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 thereby accept the appointment as registered agent, and marked the first and accept the obligations of, Section 607.0505, Florida Statutes.    Signature   State   State				84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode
12.	office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was au igations of, Section 607.0505, Flori	thorized by da Statute:	the corporations.	on's board of directors. I nereby accept the ap	pointment as reç	jistered
TITLE	12.			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
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STREET ADDRESS   13 STREET ADDRESS   1.3 STREET ADDRESS   1.4 GTY-ST-ZIP	NAME	SCHULTZ, WILLIAM		1.2 NAME		_		
LARGO FL 33770	STREET ADDRESS	T		1.3 STREE	ET ADDRESS			
TITLE   S				1.4 CITY-1	ST-ZIP	•		
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CITY-ST-ZIP				2.3 STREE	ET ADDRESS	·		
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NAME			☐ DELETE	_			☐ Change	Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP				3.2 NAME				
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A 4 CITY-ST-ZIP								
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TITLE G.1 TITLE G.1 TITLE G.2 NAME  6.2 NAME  6.2 NAME  6.3 STATESTANDERS								
NAME 6.2 NAME			☐ DELETE				Change	☐ Addition
C 3 CTDEET ADDRESS				6.2 NAME				
				6.3 STREE	ET ADDRESS	•	•	Į.

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR