## FILE NOW: FILING FEE AFTER MAY 1 IS \$750.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1997

Principal Place of Business



Sandra B. Martham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020455 (7)

ARMSTRONG REAL ESTATE INSPECTION, INC.

7350 TALONA MELBOURNE F		7350 TALONA AVE., STE. MELBOURNE FL 32804-18						
				3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report			
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-33642	0/	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired		60 7F		
City & Stat	te	City & State			Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip 24	Country 25	7 <sub>1</sub> p	Country 30	y		Yes [	] No	rs. 199,032,
	<ol><li>Name and Address of Curren</li></ol>	I Registered Agent			10. Name and Address of New Re	gistered	Agent	
DYE	ir, david w		81	Name				
325 5TH AVE., STE. 205				Street Add	iress (P.O. Box Number is Not Acceptal	ble)		
INDIALANTIC FL 32903								
			83	İ				
•			84	City	FL 85 Zip Code			
SIGNATURE	Signature, typed or printed name of registered age			ent signature requ	ked whou rehistaling)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND		
TITLE	D D	□ DELFTE	1.5 101.6		•		Chang	e 🔲 Addition
NAME	ARMSTRONG, DAVID 7350 TALONA AVE., STE. A		1,2 NAME					
STREET ADDRESS	MELBOURNE FL 32904			RESERVICE				
CITY-ST-ZIP TITLE	MELDOUNIE PL SERVI	DELETE	2.1 THE	S1-7IP			Chang	e Addition
NAME	1	L. Dett it	2 2 NAME				L_) Onling	c <u>L.</u> j Noonion
STREET ADDRESS	·		2.3 STREE	LADOBESS				
CITY-ST-ZIP			2 4 CHY-	. ]				
TITLE	<del></del>		3 1 71716				Chang	e 🔲 Addition
NAME	}		3.2 NAME	}				
STREET ADDRESS	l		3 3 STALL	LAUDRESS				
CITY-ST-ZIP			3.4 CITY-	ST-7IP				
TITLE	1	DELFTE	4.5 10 U	}			Chang	e 🔲 Addilion
NAME	1		4 2 NAME	}				
STREET ADDRESS	1		4.3 STHEE	I ADDRESS				
CITY-ST-ZIP			4.4 CiTY - S	ST - ZIP				
TITLE	ı	[] DELETE	5.1 Title	- 1			Chang	e 🔲 Addition

14. I do hereby certily that the information indicated on this I am an officer or director of appears in Block 12 or Bird. ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that or tipstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name important an address formation supplied with nnual report or suppl ne corporation or the SIGNING OFFICER OR DIRECTOR

5.2 NAME 5.3 STREET ADDRESS

6111111

62 NAME

DELETE

5.4 CITY - \$1 - 7IP

6.3 STREET ADDRESS

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

407-676-9070

☐ Change

☐ Addition

**FILED** 

Mar 14 1997 8:00am

Secretary of State