PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000044981

1. Corporation Name

D-TECH BUILDING INSPECTIONS INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90193 005 ***150.00



| Principal Place | of Business | Mailing Address | | | L 1884188 HE (SILE SILL SALL SALL SALL | Peri alali viĝia (8) | ** ·**** **** ***** |
|---|--|---------------------------------|-------------------|---------------------|---|------------------------------|--------------------------|
| 6753 - 31ST AVENUE NORTH 6753 - 31ST AVENUE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 | | | | , | DO NOT WRITE IN T | HIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed 05/20/1996 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | • | 26 | | | 59-3390993 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional Required |
| City & State | 9 | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | Added | May Be d to Fees |
| Zip | Country | Zip | _ Cour | itry | 8. This corporation owes the current year | | |
| 24 | 25 | | 10 | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | t Registered Agent | | | 10. Name and Address of New Registe | red Agent | |
| NICE | V DENNIE | | | 81 Name | • | | |
| KIRBY, DENNIS 6753 - 31ST AVENUE NORTH | | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | - | |
| ST. F | PETERSBURG FL 33710 | | | 83 | , | - | |
| } | | | 1 | 84 City | ` | 85 Zip | p Code |
| Affice or n | to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was aut | nonzea | by the corpor | orporation submits this statement for the purpos ation's board of directors. I hereby accept the a | рронштень аз | ts registered registered |
| 0.0.0.0.0 | Signature, typed or printed name of registered agent | | | Agent signature req | ured when reinstating) DATE | | 5000 IN 40 |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | S AND DIRECT | |
| TITLE | PT DENNIS | ☐ DELETE | 1.1 TIT | ŀ | • | [] Criange | sAddition |
| NAME | KIRBY, DENNIS | | 1,2 NA | | | | |
| STREET ADDRESS | 6753 - 31ST AVENUE NORTH | | | REET ADDRESS | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | [7] | - | Y-ST-ZIP | | Change | e Addition |
| TITLE | VP | ☐ DELETE | 2.1 TIT | | | ☐ Change | s |
| NAME | KIRBY, MARY | • | 2.2 NA | _ | | | |
| STREET ADDRESS | 6753 - 31ST AVENUE NORTH | | 2,3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | | _ | TY-ST-ZIP | | Change | e |
| TITLE | | - DELETE | 3,1 TIT | 1 | · | | s LI Addition |
| NAME | · · | | 3,2 NA | | | | |
| STREET ADDRESS | , | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | | _ | TY-ST-ZIP | | Chana | e Addition |
| III/E | • ' | ☐ DELETE | 4,1 TIT | | | Chang | - LAGGRON |
| NAME | | • | 4. 2 N | | | | |
| STREET ADDRESS | | | 1 | REET ADDRESS | | | |
| CITY-ST-ZIP | · | [] DELETE | _ | Y-ST-ZIP | - | Chang | e Addition |
| TITLE | | ☐ DELETE | 5.1 TIT 5.2 NA | I I | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | na 🗆 Addition |
| TITLE | | ☐ DELETE | 6.1 TT | i | | ☐ Chang | e |
| NAME | | • | 6.2 NA | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| 1 000, 05 40 | | | 6.4 CF | Y-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 or an attachment with an address, with all other like empowered.

SIGNATURE:

URE REQUIRED TED NAME OF SIGNING OFFICER OR DIRECTOR