PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046297

1. Corporation Name

DAVIS PROFESSIONAL HOME INSPECTIONS, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90145 042 ***150.00



Principal Place of Business Mailing Address						(1001/106) Its (6110 6111) Belly south sold south south south south		
1530 NW 133 ST MIAMI FL 33167		1530 NW 133 ST MIAM! FL 33167				DO NOT WRITE IN THIS SPACE		
	•					3. Date Incorporated or Qualifed		
						05/31/1996		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number - Applied For	٦.	
21 SA		26 5 AM E				65-0670283 Not Applicable	,	
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 Additional	1	
22		27				5. Certificate of Status Desired. Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	7	
23 MIAMI Florida		28 MIAMI FloRIDA				Trust Fund Contribution Added to Fees	_ ՝	
Zip 24 33/4	Country 25	Zip Country 29 33/67 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yas ☐ No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	4	
[8					Name			
Amerilawyer Chartered 343 Almeria Avenue				82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
COF	VAL GABLES FL 33134							
						85 Zip Code	4	
				84	City	FL s z cous	- [
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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE		ANOTE: O		Agent	t signature required	red when reinstating) DATE	1.	
42	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7 8	
TITLE	DPST	□ DELETE		1.1 TITLE		Change Addition	n :	
NAME	DAVIS, JIMMIE E		1.2 NAME		İ	•	;	
STREET ADDRESS			1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33167		1.4 CITY-S		-ZIP		_ 8	
TITLE		☐ DELETE	2.1 TITLE			Change Addition	n S	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE		ADDRESS		-	
CITY-ST-ZIP	2.4		2.4 C	ITY-\$1	r-zip		_	
TITLE		☐ DELETE	3.1 TITLE			Change Addition	^	
NAME	· ·		3.2 NA	ME	- 1	·		
STREET ADDRESS	ET ADDRESS		3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			3.4. C		T-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETE	4.1 TITLE			Change Addition	"	
NAME			4.2 NAME				ļ	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5		-2112	☐ Change ☐ Addition	n	
TITLE			5.2 NAME				1	
NAME STREET ADDRESS			•		ADDRESS		-	
STREET ADDRESS CITY-ST-ZIP			5.4 CI					
TITLE	☐ DELETE		6.1 TI			☐ Change ☐ Addition	<u>، ا</u>	
NAME		-	6.2 NA	WE				
STREET ADDRESS		6.3 ST	REET	ADDRESS	/	1		
STREET ADDITED							- 1	

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 of changed, or on an attachment with an officers, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR