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

PROFIT CORPORATION ANNUAL REPOR

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

23

24

NAME

TITLE

NAME

NAME

TITLE

NAM2

TITLE

NAME

CITY-ST-ZIP

STREE* ADDRESS

196000071060

nspection Services.

Temple_Blvd. 16434 atchee,FL

2a. Mailing Address 26 Suite Apt. #, etc 27 City & State

City & State 28 Ζıp Country Zıp Country 25 29 30

FILED

99 DEC 23 AM 9: 27

STORETAMY OF STATE TALLARASSEE, FLORIDA

Applied For Not Applicable

\$8.75 Additional

3. Date Incorporated or Qualifed

Fee Required 6. Election Campa gn Financing **\$5.00** May Be []

Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax [HYes

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

Youmans

	B1	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
١	84	City 85 Zip Code
╛		

forida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ange was authorized by the corporation's board of directors. I hereby accept the appointment as registered 07.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the State of Florida agent. I am familiar with and accept the obligations of

SIGNATUR 12 FFICERS AND DIRECTORS tit.e

<u>Youmans</u> 13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

President Young DELETE 11 TITLE 12 NAME 16434 Temple Blvd. STREET ADDRESS 13 STREET ADDRESS 14 CITY - ST-ZiP DELETE 2.1 TITLE 2.2 NAME

23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY+ST-ZIP TITLE [] DELETE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STRÉET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 41 TITLE

4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE

STREET ADDRESS CITY-ST-ZIP □ DELETE

6.2 NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

38470

[] Audition 200003087962--9 -01/04/00--01081-<u>-01</u>4

***1050.00 ***1050.00 notibbA]

[] Oringe [| Ad: No.

[] Addition []|Change

Change

[| Addition

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 logal 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Idress with a properties empowered Block 12 or Block 13 if cha

5 2 NAME

6 1 TITLE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE