Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90168 002 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091257

EAGLE INSPECTION CORPORATION

Principal Place	Principal Place of Business Mailing Address					1				
1371 PRINCE R	OAD	1371 PRINCE ROAD								
	T AUGUSTINE FL 32086 ST AUGUSTINE FL 32086									
US	US			DO NOT WRITE IN TH				SPACE		
							corporated or Qualifed	d		
							/1996			
2. Principal P	face of Business	2a. Mailing Address				4. FEI Nu				Applied For
21		26				65-07	07224			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired				5 Acditional
22		27			5. Ceruica	te of Status Desired	Fee	Req sired		
City & State	e	City & State			6 Election	Campaign Financing		\$5.0	0 Nay Be	
23		28			Trust F	Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry		9 This co	8. This co poration owes the current year Intangible			
24	25		30	·		I	al Property Tax.		∐Yes	∑ \$No
	9 Name and Address of Current Registered Agent						and Address of New	Registered	Agent	7
9. Name and Address of Corrent Registered Agent										
WALI	er, richard L.		Į	\perp	Name					
71 S DIXIE HWY #4			}	82	Street Ac	ddress (P.O. Box	Number is Not Accep	table)		ì
P.C. BOX 4497			ļ	83						
ST AUGUSTINE FL 32085				03						
ן אונ	OGOSTINE PE 32003]	84	City				85 Z	ip Code
					,			FI.		
11. Pursuar t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	s, the al	ove	named co	orporation submit	ts this statement for th	e purpose ci	changing	its registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was a tions of Section 607.0505. Flo	ιτηοτίζεα ida Statι	Dy t Ites.	ne corpora	ation's board of c	mectors. Thereby acc	ept trie appri	munem as	regionered
	The fact that a second the second									ļ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered	Agent	signature requ	urrad when reinstating)		DATE		
12.		D DIRECTORS	13.		_	ADDITIO	ONS/CHANGES TO O	FFICERS A	VD DIREC	TOR:3 IN 12
TITLE	PTD	☐ DELETE	1.1 TIT	ι£					Chang	je 🗌 Addition
NAME	MILITELLO, JEAN 12N		1.2 NA	ME	}					1
STREET ADDRES	1371 PRINCE ROAD		1.3 STREET ADDRESS							
]	ST AUGUSTINE FL 32086			1.4 CITY-ST-ZIP						İ
CITY-ST-ZIP		☐ DELETE		2.1 TITLE					Chang	e
TITLE	_		4	2.1 TITLE 2.2 NAME						
NAME	MILLI CEES, DIVOCE									l
STREET ADDRES;			2.3 STREET ADDRESS						}	
CITY-ST-ZIP	ST AUGUSTINE FL 32086		_	2. 4 CITY-ST-ZIP						no Daddision
TITLE	☐ DELETE 3.1°		3.1 TIT	LE					Chang	ge
NAME			3.2 NA	ME	1					
STREET ADDRESS	•		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP					
TITLE		☐ DELETE	4 1 TIT						Chang	ge Addition
NAME	1		4. 2 NA	ME						
STREET ADDRESS			ı		ADDRESS					
	1									
CITY-ST-ZIP			_	.4 CITY-ST-ZIP .1 TITLE					Chang	ge Addition
TITLE		□ nere:c	5.1 III 5.2 NA		}					
NAME					ADDDESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5 4 CIT		ZIP					
TITLE		□ DELETE	6.1 TIT	LĒ					Chang	ge Addition

14. Thereby sertify 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 suppliemental 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 307. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or enter a attachman and ddress, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 1

NAME

STREET ADDRESS

CITY-ST-ZIP