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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P96000096186 (7)

## BUILDING INSPECTION SERVICES INC.

Principal Place of Business Mailing Address
912 HOLLYSHORE DRIVE 912 HOLLYSHORE DRIVE
LUTZ FL 33549 LUTZ FL 33549-5029

# FILED Apr 28 1997 8:00am Secretary of State



LUTZ FL 33549		LUTZ FL 33549-5029						
					3. Date incorporated or Qualified 11/20/1996	3a, Date	e of Last F	leport
2. Principal Place of B	usiness	2a. Mailing Address	2a. Maiting Address		4, FEI Number	Applied For		
21		26		59-3412942	•	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State  23		City & State			8. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zφ	Country	Zip	Count	ry	B. This corporation has liability for it	ntangible t	k under:	s. 199.032,
24	25	29	30		Florida Statutes	Yes 🐧	No	
	me and Address of Curr	ent Registered Agent			10. Name and Address of New Re-	pistered A	gent	
HERRERA, J	ulio r		B	1 Name				
912 HOLLYS			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)		<del></del>
LUTZ FL 335			'	- 0.0000		,		
			B	3				
			-	4 City			<b>85</b> Zip	Code
			6	City		FL	20 E	Coue
SIGNATURE		ligations of, Section 607.0505, Fk			iired when reinstaling)	DATE	·	
	yaed or printed name of registered	AND DIRECTORS	13.	gent aditatore sedo	ADDITIONS/CHANGES TO OFFIC		DIRECTO	PS IN 12
TITLE De C			1.1 TOU	<del></del>	ADDITIONS/CHANGES TO OTTIC		Change	Addition
11/1L	SOIDENI	2050	1.2 NAM	i		•		
NAME	ESIDENT LIO R. HE L HOLLYSHO TZ PL. 3	として しょうしょくば		1				
STREET ALIGHESS 912	L HOULY 340	KO19	E .	ET ADDRESS		<u>.</u>		
TITLE	12 110	DELETE	1.4 CITY 2.1 TITLE			1	Change	☐ <b>Ad</b> dition
NAME		P-10-12	2 2 NAM			•		
STREET ADORESS				ET ADDRESS				
				'-ST-ZIP				
TITLE		DELETE	3.1 TITL1	<del></del>			Change	Addition
NAME			3.2 NAM		* - *	1.11		
STREET ADORESS				ET ADDRESS				
011Y - ST - 24P			3.4, CITY	-ST-ZIP				
TITLE		DELETE	4.1 TITL	<del></del>	<u></u>		Change	Addition Addition
NAME			4 2 NAN	Œ I				
STREET ADORESS			4.3 STRE	ET ADDRESS				
CITY: ST-ZIP			4.4 CITY	- ST-ZIP				
TITLE		☐ DELETE	5.1 TITL	<u> </u>	***************************************		Change	Addition
NAME			5.2 NAM	E				•
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CHTY-ST-Z-F			5.4 CITY	-ST-ZIP				
7-11 F		☐ DELETE	6.1 TITU				Change	Addition
NAM <del>!</del>			6.2 NAM	E				
STREET ADDRESS			6.3 STR	ET ADORESS				
Crty-St-ZiP				-ST-ZIP	÷			
14 Lido hereby certify	that the information suon	lied with this filing does not quali			ed in Section 119.07(3)(i), Florida Statute	s. I further	certify the	it the

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Fibrida Statutes. I furtuely 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 Brock 12 or Block 13 if changed, or or an attachment with an address.

IGNATURE

MONATURE AND TYPED OR PRINTED NAMED SIGNING OFFICER OR DIRECT

1/21/97 813-948-71