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PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

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or on an attachment

with an address.



LLORIDA DEPARTMENT OF STATE

FILED

May 12 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000102505 (0)

## INDEPENDENT BUILDING INSPECTORS, INC.

Principal Place of Business Mailing Address 1739 LYNDALE BLVD P O BOX 940152 MAITLAND FL 32751 MAITLAND FL 32794-0152 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3421481 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MYERS, RAYMOND E 1739 LYNDALE BLVD **B2** Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 83 R4 City Zip Code 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 d 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 ar with, and accept high obligations of, Section 607,0505, Florida Statutes. har with, and acces SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change \_\_ Addition TITLE 1.1 TITLE NAME MYERS, RAYMOND E 1.2 NAME 1739 LYNDALE BLVD STREET ADDRESS 1.3 \$1REET ADDRESS MAITLAND FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition ☐ Change TITLE 21 HH F NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TIME NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

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