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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90031 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102505

1. Corporation Name

INDEPENDENT BUILDING INSPECTORS, INC.



Principal Place of Business

**1739 LYNDAL BLVD
MAITLAND FL 32751
US**

Mailing Address

**P O BOX 940152
MAITLAND FL 32734-0152**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

59-3421481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

23

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MYERS, RAYMOND E
1739 LYNDAL BLVD
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (F.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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

Raymond E. Myers
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE: **DP**
NAME: **MYERS, RAYMOND E**
STREET ADDRESS: **1739 LYNDAL BLVD**
CITY-ST-ZIP: **MAITLAND FL**

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond E. Myers, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAYMOND E. MYERS, PRESIDENT

4/26/99
Date

407-644-5867
Daytime Phone #