

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

FILED  
Jun 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000006265 (7)

1. Corporation Name  
H & R HOME INSPECTION, INC.



Principal Place of Business  
3427 FARMINGDALE ROAD  
ORMOND BEACH FL 32174

Mailing Address  
3427 FARMINGDALE ROAD  
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 112 SAND DUNES DR

Suite, Apt. #, etc.

22

City & State

23 ORMOND BEACH FL

Zip

24 32176

Country

25 VOLUSIA

2a. Mailing Address

26 112 SAND DUNES DR

Suite, Apt. #, etc.

27

City & State

28 ORMOND BEACH FL

Zip

29 32176

Country

30

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

59-3428822

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

LACASSE, RAYMOND H  
3427 FARMINGDALE ROAD  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

HECTOR A. LACASSE

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

112 SAND DUNES DR

83

84 City

ORMOND BEACH

FL

85 Zip Code

32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

6-9-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LACASSE, RAYMOND H  
CITY-ST-ZIP 3427 FARMINGDALE ROAD  
ORMOND BEACH FL 32174

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LACASSE, HECTOR A  
CITY-ST-ZIP 112 SAND DUNES  
ORMOND BEACH FL 32176

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

1.1 TITLE ☐ Change ☐ Addition  
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 attached sheet with an address.

CR2E034 (10/97)