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 # P97000016369

1. Corporation Name

PROFESSIONAL BUILDING INSPECTIONS, INC.

Principal Place of Business							
2311	S WATERMAN DRIVE						

Mailing Address

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90029 010 ***150.00



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2311 S WATERMAN DRIVE CRYSTAL RIVER FL 34429	2311 S WATERMAN DRIVE CRYSTAL RIVER FL 34429			DO NOT WRITE IN TH	HIS SPACE		
				Date Incorporated or Qualifed 02/17/1997			
2. Principal Place of Business	2a, Mailing Address			4. FEI Number	Applied For		
7	26	¬		59-3431118	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1,7174-1-1	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Count		Country	,	This corporation owes the current year Personal Property Tax.	r Intangible □ Yes □ No		
<u> </u>	ess of Current Registered Agent	1		10. Name and Address of New Registered Agent			
COOPER. CHARLES E		81	Name				
2311 S WATERMAN DRIVE		82	Street Address (P.O. Box Number is Not Acceptable)				
CRYSTAL RIVER FL 344	29	83			,		
		84	City		Zip Code		
Pursuant to the provisions of Se office or registered agent, or bot	ctions 607.0502 and 607.1508, Florida Statutes, h, in the State of Florida. Such change was auth	, the abov	e-named co the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	e of changing its registered pointment as registered		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	(halas pare	<u>၁ - C</u>	HARLES	COOPER	DATE 5-99		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	(Stated Agent signature required when remadurity)				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF		Addition	
TITLE	P] DELETE	1.1 TITLE	Р	XChange ∴	Acculuon	
NAME	COOPER, CHARLES		1.2 NAME	Paula E Snyder			
STREET ADDRESS	2311 S WATERMAN DRIVE		1.3 STREET ADDRESS	2311 S Waterman Dr			
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		1.4 CITY-ST-ZIP	Crystal River Fla.	34429		
TITLE	<u> </u>	DELETE	2.1 TITLE	ciystai kivei iia:	34429 Change	☐ Addition	
NAME	SYNDRIL, PAULA		2.2 NAME				
STREET ADDRESS	2311 S WATERMAN DRIVE	į	2.3 STREET ADDRESS			i	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		2.4 CITY-ST-ZIP	<u></u>	3887-		
TITLE		DELETE	3.1 TITLE	S Charles Cooper	Change	Addition	
NAME			3 2 NAME	2311 S Waterman	Dr.		
STREET ADDRESS			3.3 STREET ADDRESS	Crystal River F	la. 34429		
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		•		
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	51 TITLE		☐ Change	Addition	
NAME			5.2 NAME	•			
STREET ADDRESS			5.3 STREET ADDRESS		,		
CITY-ST-ZIP			5.4 CITY+ST-ZIP				
TITLE] DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY, ST. 7ID			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:

Charles Cooper

1/05/99