


FILED

Oct 07 1999 8:00 am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000022132
1. Corporation Name
RESIDENTIAL INSPECTION SERVICES, INC.

Principal Place of Business
POST OFFICE BOX 916677
LONGWOOD FL 32791

Mailing Address
POST OFFICE BOX 916677
LONGWOOD FL 32791

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
03/03/1997
4. FEI Number
59-2726135
5. Certificate of Status Desired
\$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees
7. This corporation owes the current year
Intangible Personal Property. Yes No

8. Name and Address of Current Registered Agent
COBBUM, CURT B
510 ORANGE DRIVE, #13
ALTAMONTE SPRINGS FL 32701

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.

9. Name and Address of New Registered Agent

10. Name and Address of New Registered Agent

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 DELETE
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
2.5 DELETE
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3.5 DELETE
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
4.5 DELETE
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
5.5 DELETE
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
6.5 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 DELETE
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
2.5 DELETE
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3.5 DELETE
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
4.5 DELETE
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5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
5.5 DELETE
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
6.5 DELETE

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.
NOTE: Registered Agent signature required when relocating.
DATE
9 OCT 1999
7 PM
36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SIGNATURE: Curt B. Cobbum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #