

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90055 026 ***150.00

DOCUMENT # P97000027574

1. Corporation Name

PRO SPECT HOME INSPECTION, INC.

Principal Place of Business

15455-8 PLANTATION OAKS DR.
TAMPA FL 33647

Mailing Address

15455-8 PLANTATION OAKS DR.
TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1997

4. FEI Number

59-3444027

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 2307 Windsor Oaks Dr.

Suite, Apt. #, etc.

22

City & State

23 Lutz, FL

Zip

24 33549

Country

25 Hillsborough

2a. Mailing Address

26 2307 Windsor Oaks Dr.

Suite, Apt. #, etc.

27

City & State

28 Lutz, FL

Zip

29 33549

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

MORRIS, LEWIS V
15455-8 PLANTATION OAKS DR.
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

Morris, Lewis V.

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

2307 Windsor Oaks Dr.

83

84 City

Lutz

FL

85 Zip Code

33549

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME MORRIS, LEWIS V
STREET ADDRESS 15455-8 PLANTATION OAKS DR.
CITY-ST-ZIP TAMPA FL 33647

☐ DELETE

TITLE D
NAME MORRIS, DEBORAH
STREET ADDRESS 15455-8 PLANTATION OAKS DR.
CITY-ST-ZIP TAMPA FL 33647

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE Morris, Lewis V.
1.2 NAME 2307 Windsor Oaks Dr.
1.3 STREET ADDRESS Lutz, FL 33549
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE Morris, Debbie L.
2.2 NAME 2307 Windsor Oaks Dr.
2.3 STREET ADDRESS Lutz, FL 33549
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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:

David J. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

Daytime Phone #

CR2E034 (11/98)

0390390