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FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000027826 (1)

1. Corporation Name

LICENSED CONTRACTOR HOME INSPECTIONS, INC.

Principal Place of Business

1096 US 1 STE 107  
ORMOND BEACH FL 32174

Mailing Address

1096 US 1 STE 107  
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

59-3435221

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

2. Principal Place of Business

21 133 TROPIC BIRD CT.

Suite, Apt. #, etc.

22

City & State  
23 DAYTONA BEACH FL

Zip

24 32119

Country

25 USA

2a. Mailing Address

26 133 TROPIC BIRD CT.

Suite, Apt. #, etc.

27

City & State  
28 DAYTONA BEACH FL

Zip

29 32119

Country

30 USA

9. Name and Address of Current Registered Agent

SWIECICKI, BENJAMIN  
1096 US 1 STE 107  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name BENJAMIN SWIECICKI

82 Street Address (P.O. Box Number is Not Acceptable)  
133 TROPIC BIRD CT.

83

84 City DAYTONA BEACH FL 85 Zip Code 32119

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

Benjamin Swiecicki

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
ALBERT, RICHARD H  
STREET ADDRESS 1096 US 1 STE 107  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE

NAME D  
SWIECICKI, BENJAMIN W  
STREET ADDRESS 1096 US 1 STE 107  
CITY-ST-ZIP ORMOND BEACH FL 32174

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 V/D  
1.2 NAME ALBERT, RICHARD H  
1.3 STREET ADDRESS 1096 US 1 STE 107  
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

2.1 TITLE P/T/S ☒ Change ☐ Addition

2.2 NAME SWIECICKI, BENJAMIN W.  
2.3 STREET ADDRESS 133 TROPIC BIRD CT.  
2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32119

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME WILLIAM SCHMIDTKE  
3.3 STREET ADDRESS 1096 US 1 STE 107  
3.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

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.

SIGNATURE

Benjamin Swiecicki

1-13-98

904-756-9724

CR2E034 (10/97)