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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

000 AUD000 (AUD
ROSE LANE 2420 AMBROSE LANE RLOTTE FL 33952 PORT CHARLOTTE FL 33952

Feb 12 1998 8:00am Secretary of State

PEACE	OF MIND INSPECTION SEK	VICES, INC.			
Principal Place	e of Business	Mailing Address			
·					
2420 AMBROS PORT CHARLO	OTTE FL 33952	2420 AMBROSE LANE PORT CHARLOTTE FL 33	3952	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/15/1997	
	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
	TAMIAMITIZ.	26		65-0744092 Not Applica	
Suite, Apt. 22 しい。	+ B13	Suite, Apt. #, etc.		5. Certificate of Status Desired Sequired \$8.75 Additional Fee Required	1
City & State	" at at the El	City & State	MENY		
	+Charlotte,FI	28	STP'	Trust Fund Contribution Added to Fees	
Zip 24 33°	Country	Zip	Country -	8. This corporation owes or has paid the current year Intangible	
24 55	9. Name and Address of Current	29 Basistared Acont	30	Personal Property Tax due June 30. Yes No	
		Defision Want	81 Name		
	ERILAWYER CHARTERED		MAK	CK Z. BERGSTROM	
	B ALMERIA AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CO	RAL GABLES FL 33134		63	20 17 Mariage CIE!	
			84 City	But Charlotte FL 85 72 2001	קר
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut			ed
office or r	egistered agent, or buth, in the State o m familiar with, and accept the obligat	of Florida Such change was a	authorized by the corpora orida Statutes	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered	đ
SIGNATURE	Signature, typind or printed harve of trigisterical agent	1)erally		BERGSTRUM 1.23.90	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	DELETE	1 1 TITLE	☐ Change ☐ Addit	tion
NAME	BERGSTROM, MARK R		1.2 NAME		
STREET ADDRESS	2420 AMBROSE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	21 THTLE	Change Addit	tion
NAME	BERGSTROM, BARBARA F		2.2 NAME		
STREET ADDRESS	2420 AMBROSE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TALE	Change Addit	tion
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP	Change Addit	tion
NAME			4.1 TITLE 4. 2 NAME	Li Change, Li Addit	1000
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		☐ DÉLETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addit	tion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	į Į	
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addit	tion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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:

941.624.4400