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

**PROFIT CORPORATION** ANNUAL REPORT

1998



ILORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033881 (8)

HOMETEOH HOME INSPECTIONS, INC.

## **FILED** Jun 30 1998 8:00am Secretary of State



Fincipal mace	e of Dusiness	Mailing Address				
325 8. ORLAN WINTER PARK	IDO AVE STE. 4 ( FL 182789	325 S. ORLANDO AVE WINTER PARK FL 327			DO NOT WRITE IN THIS SPACE	
÷	<b>≟</b>				3. Date Incorporated or Qualified	
					, - · · · · · · · · · · · · · · · · · ·	
5 5	<u> </u>	12 10 10 10 10 10			04/15/1997	
	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3456467 Not Applicable	
Sulte, Apt.	, <b>etc.</b> Suite. Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	9 4	City & State			6. Election Campaign Financing \$5.00 May Be	
23	± £	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zıp	Coun	try	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9, Name and Address of C		1991		10. Name and Address of New Registered Agent	
AQI	HLEY, DAVID W	The second secon	E	1 Name		
325 S. ORLANDO AVE., STE. 4			₹.	82 Street Address (P.O. Box Number is Not Acceptable)		
, WIN	ITER PARK FL 32789		-	3		
			ļ°	3		
	÷		ε	4 City	85 Zip Code	
lų .				-	<b>                                      </b>	
11, Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Sta	atutes, the abo	ve-named	d 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	Signature, typed or printed name of register	ed agerd and title if applicable (	NOTE: Registered A	gent signatur	e required when reinstating) DATE	
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITU	:	Change Addition	
NAME		1 _ ••	1.2 NAM	E		
STREET ADDRESS	David W. Ashley			ET ADDRESS		
CITY-ST-ZIP	7562 Lake Mar			-ST-ZIP		
TITLE	Orlando, FL	32819 DELETE	2.1 TITL		Change Addition	
NAME	- - -	_	2.2 NAM			
· 1	। 			ET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP	<u> </u>	DELETE		- S1 - ZIP	Change Addition	
TITLE	F	E Dutie	3.1 TITLE		Change [] Addition	
NAME	• :		3.2 NAM			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-\$1-ZIP				-ST-ZIP		
TITLE	·	☐ DELETE	4.1 TITLE		Change Addition	
NAME	* ±		4. 2 NAN	4E		
STREET ADDRESS	<b>3</b>		4.3 STRE	ET ADDRESS	·	
CITY-ST-ZIP	<u> </u>		4.4 CITY	-ST-ZIP		
TITLE		☐ DELETÈ	5.1 THE		Change Addition	
NAME			5.2 NAM	E	0.30.98 Change DAddition	
STREET ADDRESS	•		5.3 S1R6	ET ADDRESS		
CITY-ST-ZIP	:		5.4 CITY		V	
TITLE	-	DELETE	6.1 TITL		☐ Change ☐ Addition	
NAME	<del>7</del> -		62 NAM		700002577837	
	i			ET ADDRESS	-07/01/9801054015	
STREET ADDRESS					***150.00	
CITY-ST-ZIP			6.4 City	- \$1 - ZIP	ACAMA T CHIA CHIA	

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 trusted 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.