## 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 # 1. Corporation Name P97000035724 (8)

**ACCURATE INSPECTIONS INC.** 

## **FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- FRONTINDE INE KEIT NOOT DON'T ONLY ONLY ON THE FRONT THE FORT OF THE FRONT OF THE FORT OF THE FRONT OF THE	
10625 PINE IS WEEK! WACH		10625 PINE ISLAND DRIVE WEEKI WACHEE FL 34607				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
						04/21/1997	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-3497880 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, otc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			B. Election Campaign Financing     Trust Fund Contribution     S.00 May Be Added to Fees		
Zip	Country	Zip	_	Country		8. This corporation owes or has paid the current year Intangible	
24	25		30			Personal Property Tax due June 30. Yes X No	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent  81 Name		
MENZIES, MARVIN U				Name			
	25 PINE ISLAND DRIVE		[8	82 Street Add		ss (P.O. Box Number is Not Acceptable)	
WE	EKI WACHEE FL 34607		  -	33			
u.							
			{	34 C	aty	FL 85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblig	of Florida. Such change was a	uthorized	by the	amed corpor e corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE		·					
	Signature, typed or printed name of registered age	ent and title if applicable (NOTE ID DIRECTORS	Registered /	Agent si	gnature required	d when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PVST	DELETE	1.1 TUL	E		Change Addition	
NAME	MENZIES, MARVIN O	<b>—</b>	1.2 NAW				
STREET ADDRESS	10625 PINE ISLAND DRIVE		1.3 STR		PRESS		
CITY-ST-ZIP	WEEKI WACHEE FL 34607		1.4 CITY	1.4 CITY-ST-ZIP			
TITLE	D	DELETE	21 TITL			Change Addition	
NAME	MENZIES, MARVIN O		2 2 NAM	¶E.			
STREET ADDRESS	10625 PINE ISLAND DRIVE		2 3 STR	EET ADD	RESS		
CITY-ST-ZIP	WEEKI WACHEE FL 34607		2 4 CIT	Y-ST-Z	IP.		
TITLE		☐ DELET <b>e</b>	31 TITL	31 TITLE		Change Addition	
NAME			3 2 NAM	-			
STREET ADDRESS			3.3 STREET A				
CITY-ST-ZIP		DELETE	3 4. CIT		IP	☐ Change ☐ Additio	
TITLE NAME				4.1 TITLE 4. 2 NAME		Cutange Caracitor	
					DECC		
STREET ADDRESS CITY-ST-ZIP			4.3 STR				
TITLE		DELETE		4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME		<del>-</del>	5.2 NAM			· •	
STREET ADDRESS			5.3 STR		ress		
CITY-ST-ZIP			5.4 CITY	'- ST - ZII	Р		
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Addition	
NAME			6.2 NAM	16			
STREET ADDRESS	•		6.3 STR	EET ADD	ress		
CITY-ST-ZIP			6.4 CITY				
34 Iberehvic	eriev that the information supplied w	ath this filma done not nuclify fo	ir the even	nntinn	stated in Si	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 eath; 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.