

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000042538 (3)**

1. Corporation Name

A-1 INSPECTION SERVICE, INC.

Principal Place of Business

**37927 LIVE OAK AVE
DADE CITY FL 33525**

Mailing Address

**37927 LIVE OAK AVE
DADE CITY FL 33525**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

59-3447914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 13257 Rinaldi Road

Suite, Apt. #, etc.

22 San Antonio

City & State

23 San Antonio, Fl.

Zip

Country

24 33576

25 USA

2a. Mailing Address

26 13257 Rinaldi Road

Suite, Apt. #, etc.

27

City & State

28 San Antonio, Fl.

Zip

Country

29 33576

30 USA

9. Name and Address of Current Registered Agent

**WALLER, CHARLES D
37927 LIVE OAK AVE
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

81 Name

William M. Scharber

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

13257 Rinaldi Road

83

84 City

San Antonio

FL

85 Zip Code

33576

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

William M. Scharber
Signature typed or printed in block of current registered agent and not applicable

(NOTE: Registered Agent Signature required when reinstalling)

DATE **March 19, 1998**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SCHARBER, WILLIAM M**
STREET ADDRESS **37927 LIVE OAK AVE**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ DELETE

NAME **SCHARBER, S. KAY**
STREET ADDRESS **37927 LIVE OAK AVE**
CITY-ST-ZIP **DADE CITY FL 33525**

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

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Scharber, William M.**
1.3 STREET ADDRESS **13257 Rinaldi Road**
1.4 CITY-ST-ZIP **San Antonio, Fl. 33576**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **Scharber, S. Kay**
2.3 STREET ADDRESS **13257 Rinaldi Road**
2.4 CITY-ST-ZIP **San Antonio, Fl. 33576**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

William M. Scharber

3/19/98 (352) 588-3065

CP2E034 (10/97)