


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

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90080 041 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000045540

1. Corporation Name
HOME INSPECTION SERVICES OF AMERICA, INC.

Principal Place of Business 2575 ULMERTON ROAD SUITE 230 CLEARWATER FL 33762 US	Mailing Address 2575 ULMERTON ROAD SUITE 230 CLEARWATER FL 33762 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3493421	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent ROWE, JAMES C ESQ 100 2ND AVENUE SOUTH SUITE 400N ST PETERSBURG FL 33701				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

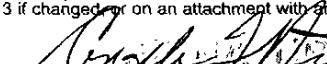
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLAND, RON	1.2 NAME	Dennis M. Thalman
STREET ADDRESS	2575 ULMERTON ROAD, SUITE 230	1.3 STREET ADDRESS	7607 East McDowell Rd, #109
CITY-ST-ZIP	CLEARWATER FL 33762	1.4 CITY-ST-ZIP	Scottsdale, AZ 85257
TITLE	EV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKEL, GARY L.	2.2 NAME	
STREET ADDRESS	9700 9TH ST. N. #400	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MICHAEL	3.2 NAME	John A. Swain
STREET ADDRESS	2860 SCHERER DRIVE #650	3.3 STREET ADDRESS	3412 Nundy Rd
CITY-ST-ZIP	ST. PETERSBURG FL 33716	3.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEMMENS, BOB	4.2 NAME	Betty Southard
STREET ADDRESS	7640 N. VIA DE MANANA	4.3 STREET ADDRESS	106 25th Avenue, N.E.
CITY-ST-ZIP	SCOTTSDALE AZ 85258	4.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDGES, BURKE	5.2 NAME	
STREET ADDRESS	2857 EXECUTIVE DRIVE #110	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33762	5.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	6.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, ANGELA F.	6.2 NAME	Angela F. North
STREET ADDRESS	5300 W. CYPRESS ST. #282	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	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, with all other like empowered.

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)