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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000054455 (5)

FOREMOST HOME INSPECTIONS INC

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 611 13TH STREET SOUTHWEST 611 13TH STREET SOUTHWEST NAPLES FL 34117 NAPLES FL 34117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country This corporation owes or has paid the current year Intangible 25 Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YANDA, GREGORY R 611 13TH STREET SOUTHWEST Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL 34117 63 84 Zip Code 11. Pursuant to the provisions of Soctions 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 Signature, typind or printed name of registered agent and title it applicable (NOTE: Registered Agont signature required when reinstating) OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change **X** Addition TITLE 1.2 NAME Ryanda NAME 1.3 STREET ADDRESS STREET ADDRESS aples FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change ★ Addition TITLE Diana Yanda 611 13# 5+ 5.W NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

14. Thereby 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

Dregory R Vanda Gregory R Yanda

4-20-98 941-352