PROFIT CORPORATION



DIVISION OF CORPORATIONS

FLORIDA DEPARÎMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999

FILED Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90191 003 ***150.00

1. Corporation	MEN # P9/000	U0U/00			•]				
	R INSPECTION & CODE SE	RVICES INC.							
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Principal Place	e of Business	Mailing Address				: 	a Maras carra pairt abara	mitte Bill tellt	
2901 S.W. 41ST		2901 S.W. 41ST STRI	EET						
SUITE 2112		SUITE 2112							
OCALA FL 344	74	OCALA FL 34474 US				DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE		
us		US				09/17/1997	•	}	
Dela ala 1 Si	to an of Dissipance	2a. Mailing Address				4. FEI Number	TIA	plied For	
	ace of Business State Ct.	2a. Maiung Address 26 6628 S.	W 12	th CE		APPLIED FOR 59-35 .	55 98 D No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc					\$8.75	Additional	
22 O CA	la Fl	27 Ocala	H			5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		-1-0		-6, Election Campaign Financing	\$5:00·		
23 344	76 U.S.	28 344 16		15		Trust Fund Contribution	Added	to Fees	<u></u>
Zip =	Country	Zip		ountry — — —		8. This corporation owes the current ye	ar Inlangible Yes	□No	
24	25	29	30			Personal Property Tex. 1n. Name and Address of New Regist			
}	g. Name and Address of Curren	Registered Agent		61 Name		10. Name and Address of New Regist	-100 / 2011		
l coo	PER, J. LAWRENCE								
	S.W. 41ST-STREET			82 Street	Addres	is (P.O.Box Number is Not Acceptable)		ł	
Şuri	TÉ 2112 ,			83 (1)	9 /	a El 3447	,		
) OCA	NLA FL 3447/6				uj	0, 1-1 3771	·	Sada	
	Λ			84 City		•	FL " '	•	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508 Florida S	statutes, the	above-named	corpor	ation submits this statement for the purpors board of directors. I hereby accept the	se of changing its	registered	
office or re	registered agent, or both, in the State in familiar with and accept the obligation	of Florida, Sech change w tions of, Saction-607.050	ydy authonz Florida Si	ed by the comp atutes,	iorauon	a board of directors. I hereby accept the	appointment as ic	9,363,00	
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CICNATING	/L %(<i>XX/YVYV + + + y</i>	יינפענו)				Z-//_	<i>(</i>	1	
SIGNATURE	Signature typed or printed name of registered agen			ed Agent signature	required v		TE .		<u>8</u>
12.	OFFICERS AN	D DIRECTORS	13	3.	required v	Ann reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS IN 12	11/98)
12. TITLE	P OFFICERS AN		13 TE 1.9	3. ΠLE		ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTO	RS (N 12	4 (11/98)
12. TITLE NAME	P COOPER, J. LAWRENCE	D DIRECTORS DELET	13 TE 1.1 1.2	S. TIFLE NAME	66	ADDITIONS/CHANGES TO OFFICER		RS IN 12	E034 (11/98)
12. TITLE NAME STREET ADDRESS	P COOPER, J. LAWRENCE -2901-S.W. 41ST STREET #211	D DIRECTORS DELET	13 TE 1.1 1.2 1.3	3. TITLE NAME STREET ADDRESS	66	ADDITIONS/CHANGES TO OFFICER	Change	RS IN 12	22E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, J. LAWRENCE -2901-S.W. 41ST STREET #211 OCALA FL 34474	D DIRECTORS DELET	13 TE 1.1 1.2 1.3	3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	46 Oc	additions changes to officer 28 S.W. 12th Ct ala, Fl 34476	Change	RS (N 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P COOPER, J. LAWRENCE -2991-S.W. 41ST STREET #211 OCALA FL 34474 ST	D DIRECTORS DELET	13 TE 1.1 1.2 1.3 1.4 TE 2.1	3. TITLE NAME STREET ADDRESS	46 Oc	additions changes to officer 28 S.W. 12th Ct ala, Fl 34476		RS (N 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P COOPER, J. LAWRENCE -2901-S.W. 41ST. STREET #211 OCALA FL 34474 ST COOPER, SHARON	D DIRECTORS DELET	13 FE 1.1 1.2 1.3 1.4 FE 2.1	3. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	46 Oc	ADDITIONS CHANGES TO OFFICER 28 S.W. 12th Ct 21a, Fl 34476	Change	RS (N 12 Addition	CR2E034 (11/98)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P COOPER, J. LAWRENCE -2901-S.W. 41ST. STREET #211 OCALA FL 34474 ST COOPER, SHARON	D DIRECTORS DELET	13 14 12 13 14 16 21 22 23 24	S. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	46 Oc	additions changes to officer 28 S.W. 12th Ct ala, Fl 34476	Change	RS (N 12 Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, J. LAWRENCE -2901-S.W. 41ST.STREET #211 OCALA FL 34474 ST COOPER, SHARON 2901 S.W. 41ST STREET #211	D DIRECTORS DELET	13 TE 1.1 1.2 1.3 1.4 TE 2.1 2.2 2.3 2.4	S. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	46 Oc	ADDITIONS CHANGES TO OFFICER 28 S.W. 12th Ct 21a, Fl 34476	Change (Change	Addition	CR2E034 (11/98)
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Not also must make thing does not quality for use exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the informatic above above the same legal effect as if made under oath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered.