

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

INCORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1000 BANKERS BUILDING

FILED
May 14 1998 8:00am
Secretary of State

DOCUMENT # P97000098719 (2)

TARGET FLORIDA HOME INSPECTION, INC.



Principal Place of Business

1209 SW 51ST TERRACE
CAPE CORAL FL 33914

Mailing Address

12670 NEW BRITTANY BLVD., STE. 101
ATTN: ROBERT D. ROYSTON
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1997	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0795601	Applied For ☐ Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD., STE. 101 FORT MYERS FL 33907				10. Name and Address of New Registered Agent	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	1209 SW 51ST TERRACE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	CAPE CORAL FL 33914	2.1 TITLE	2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS		4.1 TITLE	4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information furnished herein 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 of this report.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when re-registering)

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STREET ADDRESS	CAPE CORAL FL 33914	2.1 TITLE	2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS		4.1 TITLE	4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
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