**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

## DOCUMENT # P98000009341

1. Corporation Name

	TON'S BUILDING INSPECT	11014 3 1140:								
Principal Pla	ce of Business	Mailing Ad	dress	-				ELICE SIND COME STATE	#116 (BE 181)	A1881 (18) (88)
20 BRADLEY CT. 20 BRADLEY CT.										
CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327						İ	DO NOT	WRITE IN THIS	SPACE	
						1	Date Incorporated or Qua		3FAOL	
							01/29/1998			i
2 Principal	Place of Business	2a. Malling	Address				FEI Number		T A	oplied For
21	FIZES OF BUSINESS	26	, , , , , , , , , , , , , , , , , , , ,				59-3568	171	<b> </b>	ot Applicable
Suite, Apt	t. #. etc.		Apt. #, etc.							Additional
22		27				3. 9	Certificate of Status Desir	ed []	Fee R	equired
City & Sta	nte.	City &	State		_	- 6.	Eloction Campaign Finan	cing _	\$5.00	May Bu
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Countr	У	1	This corporation owes the	current year Inta		
24	25	29	34	0			Personal Property Tax.		Yes	ZNo
	9. Name and Address of Curre	int Registered A	gent	8	1 Name	10.	Name and Address of N	lew Registered	48eur	
STA	APLETON, ROBERT M.S.				Name					
20 BRADLEY CT.				82	2 Street Ac	ddress (P.	O. Box Number is Not Ad	ceptable)		
CRAWFORDVILLE FL 32327				83	1					
0,0	THE OFFICE PERSONS			"	"					
				84	City			FI	85 Zip	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida, Such change was at					e-named co	moration	submits this statement for		changing its	registered
office or agent, i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Such pations of, Section	change was aut 607.0505, Florid	horized by la Statute	the corpora s.	ation's boa	ard of directors. I hereby	accept the appoir	itment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag	sent and title if applicable	. (NOTE: R	egistered Age	urit signature requ	ured when rea	nslating)	DATE		— J
12.	OFFICERS A	ND DIRECTORS		13.			DDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	DRS IN 12
TITLE	President		C occert							
NAME	Gari Ann Stapleto 20 Bradley Cour		☐ DELETE	1.1 TITLE					☐ Change	Addition
STREET ADDRESS	120 Bradley Cour	Ą	DEFEIF	1.1 TITLE 1.2 NAME						
1		7	DECEIE	1.2 NAME	ET ADORESS					
CITY-ST-ZIP	Crawfordville, FL	^ <del>/</del> 32325		1.2 NAME 1.3 STREE 1.4 CITY-1	ET ADORESS				☐ Change	Addition
CITY-ST-ZIP TITLE	Crawfordville, FL Vice President	32327	☐ OBLETE	1.2 NAME 1.3 STREE	ET ADORESS					
TITLE NAME	Crawfordville, FL Vice President Robert 4.5. Stapi	32327 leton		1.2 NAME 1.3 STREE 1.4 CITY-1	ET ADORESS ST-ZIP				☐ Change	Addition
TITLE NAME	Crawfordville, FL Vice President Robert 4.5. Stapi	32327 leton		1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ET ADORESS ST-ZIP				☐ Change	Addition
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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 suppliemental 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 one an attachment with an address, with all other like empowered.

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90209 019 \*\*\*150.00