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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000040621

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90172 002 ***150.00 Secretary of State DIVISION OF CORPORATIONS

FILED

NS INC.	

DUNET	IGHT INSPECTIONS INC.							
Principal Plac	e of Business	Mailing Address			T I DOLLAND 150 SEYDU LAND REGIT ADDRS	69131 QB\$11 Q\$011 QB\$10 Q\$11	11886 1181 1881	
8037 LASO WA		8037 LASO WAY			ļ			
ORLANDO FL		ORLANDO FL 32822						
					DO NOT WRITE	IN THIS SPACE		
					3. Date Incorporated or Qualifed		į	
					05/04/1998			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		oplied For	ļ
21		26			59-3509841		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22		27		=		Lee K	equired=	
City & Stat	te	City & State			6. Election Campaign Financing		May Be	Ì
23		28			Trust Fund Contribution		to Fees	Ì
Zip	Country	Zip		intry	8. This corporation owes the currer	_	No	
24	25	29	30		Personal Property Tax.	☐ Yes	⊠N0	1
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent		{
\MAA	GNER, JOE			81 Name	RED TOMBERLIN			
	7 LASO WAY			82 Street Add	ress (P.O. Box Number is Not Acceptable	le)]
	ANDO FL 32822				37 LASO WAT			1
UNL	ANDO FL 32022			83				
				84 City		85 Zip	Code	ļ
				OR	LANDO	FL 32	822	[
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statu	ites, the a	bove-named corporati	poration submits this statement for the pl ion's board of directors. I hereby accept	urpose of changing its	s registered egistered	Ì
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 607.0505, Fi	orida Stat	utes.	A and the control of) 	ĺ
SIGNATURE	ERED TOMRIPLIA	VICE PRESID	ENT	J. B. J.	alahi 1	16/99		l
- OROHATORE	FRED TOMBERLIA Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E. Registered	Agent signature require		DATE		€
12	, , , , , , , , , , , , , , , , , , , 	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			F034 (11/98
TITLE	DVS	☐ DELETE	1 1 TJ			Change	☐ Addition	=
NAME	TOMBERLIN, FRED		12N	AME				\g
STREET ADDRESS	1 -		1.210					
CITY-ST-ZIP				TREET ADDRESS				ᅜ
TITLE	ORLANDO FL 32822		1.3 \$	TREET ADDRESS				ROF
	DPT	☐ DELETE	1.3 \$	TTY-ST-ZIP		☐ Change	☐ Addition	CROE
NAME		☐ DELETE	1.3 S	TTY-ST-ZIP		☐ Change	☐ Addition	CROE
NAME STREET ADDRESS	DPT WAGNER, JOE	☐ DELETE	1.3 S ² 1.4 Cl 2.1 Tl 2 2 N	TTY-ST-ZIP		Change	☐ Addition	CROF
	DPT WAGNER, JOE	☐ DELETE	1.3 S ² 1.4 Cl 2.1 Tl 2 2 N. 2.3 S ²	TTY- ST- ZIP TLE AME				CROE
STREET ADDRESS	DPT WAGNER, JOE 8037 LASO WAY	☐ DELETE	1.3 S ² 1.4 Cl 2.1 Tl 2 2 N. 2.3 S ²	TTY-ST-ZIP TILE AME TREET ADDRESS		☐ Change	☐ Addition	, CR2FC
STREET ADDRESS	DPT WAGNER, JOE 8037 LASO WAY		1.3 S 1.4 Cl 2.1 Tl 2.2 N/ 2.3 S 2.4 C	TTY-ST-ZIP TLE AME TREET ADDRESS STY-ST; ZIP				CROEC
STREET ADDRESS CITY-ST-ZIP	DPT WAGNER, JOE 8037 LASO WAY CRLANDO FL 32822		1.3 S ² 1.4 Cl 2.1 Tl 2.2 N/ 2.3 S ² 2.74 Cl 3.1 Tl 3.2 N/	TTY-ST-ZIP TLE AME TREET ADDRESS STY-ST; ZIP				CROF
STREET ADDRESS CITY-ST-ZIP	DPT WAGNER, JOE 8037 LASO WAY CRLANDO FL 32822		1.3 S' 1.4 GI 2.1 TI 2.2 N. 2.3 S' 2.4 G 3.1 TI 3.2 N. 3.3 S'	TTY-ST-ZIP TILE AME TREET ADDRESS SITY_ST:ZIP			☐ Addition	CROEC
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WAGNER, JOE 8037 LASO WAY CRLANDO FL 32822	DELETE—	1.3 S' 1.4 Gl 2.1 TI 22 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C	TTY-ST-ZIP TILE AAME TREET ADDRESS SITY_ST:ZIP TLE AAME TREET ADDRESS SITY-ST-ZIP TLE		☐ Change	☐ Addition	CR2EC
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT WAGNER, JOE 8037 LASO WAY CORLANDO FL 32822	DELETE—	1.3 S 1.4 Cl 2.1 Tl 22 N. 2.2 S 2.4 C 3.1 Tl 3.2 N. 3.3 S 3.4 C 4.1 Tl 4.2 N	TTY-ST-ZIP TILE AAME TREET ADDRESS SITY_ST:ZIP TLE AAME TREET ADDRESS SITY-ST-ZIP TLE		☐ Change	☐ Addition	, CR2EC
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT WAGNER, JOE 8037 LASO WAY CORLANDO FL 32822	DELETE—	1.3 S 1.4 Cl 2.1 Tl 22 N. 2.3 S 2.4 C 4.1 Tl 4.2 N 4.3 S	TTY-ST-ZIP TILE AAME TREET ADDRESS SITY_ST:ZIP TLE AAME TREET ADDRESS SITY-ST-ZIP TILE IAME		☐ Change	☐ Addition	J-CROE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT WAGNER, JOE 8037 LASO WAY CORLANDO FL 32822	DELETE—	1.3 S 1.4 Cl 2.1 Tl 22 N. 2.3 S 2.4 C 4.1 Tl 4.2 N 4.3 S	TTY-ST-ZIP TILE AAME TREET ADDRESS SITY-ST-ZIP TLE AAME TREET ADDRESS SITY-ST-ZIP TLE AAME TREET ADDRESS SITY-ST-ZIP TLE TREET ADDRESS SITY-ST-ZIP		☐ Change	☐ Addition	JESSE L
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WAGNER, JOE 8037 LASO WAY CORLANDO FL 32822	DELETE	1.3 S 1.4 Cl 2.1 Tl 22 N. 2.3 S 2.4 Cl 3.1 Tl 3.2 N. 3.3 S 3.4 Cl 4.1 Tl 4.2 N 4.3 S 4.4 Cl 4	TTY-ST-ZIP TILE AAME TTREET ADDRESS STY_ST;ZIP TLE AAME TREET ADDRESS STY-ST-ZIP TLE IAME TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS		☐ Change	☐ Addition	CR2FC
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT WAGNER, JOE 8037 LASO WAY ORLANDO FL 32822	DELETE	1.3 S' 1.4 Cl 2.1 Tl 2.2 N. 2.3 S' 2.4 Cl 3.1 Tl 3.2 N. 3.3 S' 3.4 Cl 4.1 Tl 4.2 N. 4.3 S' 4.4 Cl 5.1 Tl 5.2 N.	TTY-ST-ZIP TILE AAME TTREET ADDRESS STY_ST;ZIP TLE AAME TREET ADDRESS STY-ST-ZIP TLE IAME TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS		☐ Change	☐ Addition	CROE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT WAGNER, JOE 8037 LASO WAY ORLANDO FL 32822	DELETE	1.3 S' 1.4 Cl 2.1 Tl 22 N. 2.3 S' 2.74 Cl 3.1 Tl 3.2 N. 3.3 S' 3.4 .C 4.1 Tl 4.2 N 4.3 S' 4.4 Cl 5.1 Tl 5.2 N. 5.3 S'	TTY-ST-ZIP TILE AAME TREET ADDRESS TILE AAME TREET ADDRESS SITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE AAME		☐ Change	☐ Addition	CROE
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT WAGNER, JOE 8037 LASO WAY ORLANDO FL 32822	DELETE	1.3 S' 1.4 Cl 2.1 Tl 2.2 N. 2.3 S' 2.4 Cl 3.1 Tl 3.2 N. 3.3 S' 3.4 Cl 4.1 Tl 4.2 N 4.3 S' 4.4 Cl 5.1 Tl 5.2 N. 5.3 S' 5.4 Cl 5.4 Cl	TTY-ST-ZIP TILE AAME TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS		Change	Addition Addition	JENSE L
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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: