PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048512

NORTHEAST FLORIDA HOME INSPECTION SERVICES, INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90034 046 ***150.00



Principal Place of Business Mailing Address				1 (Selide) to all selections and			
14111 PLEASANT POINT LANE 14111 PLEASANT POINT LANE							
JACKSONVILLE		JACKSONVILLE FL 32225			BO WOT WEITE !!! T'	C CD4.05	
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 06/01/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-3513396		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			5. Certificate of Ctatus Desired		Required
City & State		City & State		6. Election Campaign Financing - \$5.00 May Be			
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year le		□N-
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent		T	10. Name and Address of New Registere	a Agent	
HUC	HEG KIDK D		81	Name			
	HES, KIRK D			Street Addre	treet Address (P.O. Box Number is Not Acceptable)		
	11 PLEASANT POINT LANE						
JACI	KSONVILLE FL 32225		83				
			84	City		85 Zip	Code
				1	F	LII	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida. Such change was autho	orizea by	tne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as	egistered
SIGNATURE					(when reinstating) DATE		
	Signature, typed or printed name of registered agen		13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 TITLE		ADDITIONS/CHARGES TO OTT JOERG /	Change	
TITLE	HUGHES, KIRK D	_ Ocacie	1.2 NAME	İ		_	
NAME	14111 PLEASANT POINT LANE			T ADDRESS			
STREET ADDRESS	JACKSONVILLE FL 32225			\ \			
CITY-ST-ZIP	JACKSUNVILLE FL 32223	, DELETE	1.4 CITY-5 2.1 TITLE	51-ZiP		Change	e
TITLE		C) DELETE					
NAME		-	2.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			change	, [] Mudision
NAME	-		3.2 NAME			•	, ,
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	1		4. 2 NAME				
STREET ADDRESS		•	4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	e Addition
NAME			6.2 NAME				
STREET ADDRESS	į.		6.3 STREE	T ADDRESS			
	91			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 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 bastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

904-221-4018