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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P98000055357

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

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

04-08-1999 90065 014 \*\*\*150.00

PREMIEI	R HOME INSPECTION, INC.									
Principal Plac	e of Business	Mailing Address				- 1   20(100) 110 (310) 18(11 0011) 00(11 00		181 61152 11161	Jim 1881 1887	
225 OCEAN SPRAY AVE . 225 OCEAN SPRAY AVE										
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937						DO NOT WRITE II	N THIS S	PACE		
						3. Date Incorporated or Qualifed	11110	7,7,02	_	
						06/19/1998				
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Apı	lied For	
21		26				159-2531668		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1	\$8.75 A	dditional	
22		27				5. Certifcate of Status Desired		Fee Re	quired	
City & State		City & State				6. Election Campaign Financing	 ]	\$5.00	May Be	_
23		28				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	_ Coun	try		8. This corporation owes the current y				
24	25		30			Personal Property Tax.			□No	
	9. Name and Address of Current	t Registered Agent		B1 Nam		10. Name and Address of New Regi	sterea A	gent		}
DIC!	HEY, JAMES H ESQ.		[	81 Nam	le					}
1600 SARNO RD, STE 4			Ī	B2 Stree	et Addre	ss (P.O. Box Number is Not Acceptable)			_	
	BOURNE FL 32935		\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	83	<u> </u>				_	
WEL	DOCUME I E GEOGG			63						
			Ī	84 City			FL	85 Zip C	ode	
office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligat	of Florida. Such change was aut	horized	by the co	ed corpo rporation	oration submits this statement for the purp n's board of directors. I hereby accept the	oose of c e appoint	hanging its ment as req	registered jistered	
SIGNATURE	Rea					uho minhaling l	DATE			_ ا
SIGNATURE	REM Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered A		re required		ATE RS AND	DIRECTO	 RS IN 12	(80
SIGNATURE	REA Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: P	Registered A	igent signatu	re required	when reinstating) [ [ ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12	11/00/
SIGNATURE 12. TITLE	REM Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: F	Registered A  13. 1.1 TITL	gent signatu	re required		RS AND			(41/08)
SIGNATURE  12.  TITLE  NAME	REF. Signature, typed or printed name of registered agent OFFICERS AND WEBER; RONALD K	t and title if applicable. (NOTE: P	13. 1.1 TITL 1.2 NAM	gent signatu E 4E			RS AND			5034 (44/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	REAL Signature, typed or printed name of registered agent OFFICERS AND WEBER; RONALD K 225 OCEAN SPRAY AVE	t and title if applicable. (NOTE: P	13. 1.1 TITL 1.2 NAN 1.3 STR	gent signatu E ME EET ADDRES			RS AND			22E034 (44/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	REF. Signature, typed or printed name of registered agent OFFICERS AND WEBER; RONALD K	t and title if applicable. (NOTE: P	13. 1.1 TITL 1.2 NAN 1.3 STR	egent signatu E ME EET ADDRES			RS AND			CD2E024 (41/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	REAL Signature, typed or printed name of registered agent OFFICERS AND WEBER; RONALD K 225 OCEAN SPRAY AVE	t and title if applicable. (NOTE: F	13. 1.1 TITL 1.2 NAM 1.3 STR	egent signatur E ME EET ADDRES (-ST-ZIP			RS AND	☐ Change	☐ Addition	CD2E034 (11/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	KEN Signature, typed or printed name of registered agent OFFICERS AND WEBER, RONALD K 225 OCEAN SPRAY AVE SATELLITE BEACH FL 32937	t and title if applicable. (NOTE: F	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAN	egent signatur E ME EET ADDRES (-ST-ZIP	SS		RS AND	☐ Change	☐ Addition	CD2E034 (41/08)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP.	KEN Signature, typed or printed name of registered agent OFFICERS AND WEBER, RONALD K 225 OCEAN SPRAY AVE SATELLITE BEACH FL 32937	t and title if applicable. (NOTE: F) D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT	E EET ADDRES (-ST-ZIP E HE HEET ADDRES (-ST-ZIP E HEET ADDRES Y-ST-ZIP E	SS		RS AND	☐ Change	Addition	CR2E034 (11/08)
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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 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 phanged, or on an attachment with any address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: