

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S04629**

(9)

1. Corporation Name

PINELLAS INSPECTION INC.



Principal Place of Business

**413 PLEASANT STREET
P.O. BOX 5202
CLEARWATER FL 34615**

Mailing Address

**413 PLEASANT STREET
P.O. BOX 5202
CLEARWATER FL 34615**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**JOHNSON, TODD
413 PLEASANT STREET
P O BOX 5202
CLEARWATER FL 34618**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

09/19/1990

3a. Date of Last Report

08/15/1995

4. FET Number

59-3021278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature box to print or type name of signing officer or director

Name of Registered Agent (Signature box to print or type name of agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D JOHNSON, TODD**
STREET ADDRESS **413 PLEASANT ST.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **D JOHNSON, PENNY**
STREET ADDRESS **413 PLEASANT ST.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

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