FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)KNUTSON PROPERTY INSPECTIONS, INC. Principal Place of Business Mailing Address 150 WILSHIRE BLVD. 150 WILSHIRE BLVD. **SUITE 128 SUFFE 128** DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32707 **CASSELBERRY FL 32707** 3. Date Incorporated or Qualified 01/07/1991 Principal Place of Business 2a. Mailing Address Applied For WELSHIRE Blud. 126 Walshare Blud 59-3044078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Casselbearn F۷ Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ÜS A UTA Personal Property Tax due June 30. 29 Yes Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KNUTSON, JAMES R. 312 OAK HILL DRIVE Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32701** 83 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of ingestered agent and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE KNUTSON, JAMES R. MAME 1.2 NAME 312 OAK HILL DRIVE STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME

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6.4 CITY - ST- ZIP CITY - ST - ZIP 14. Thereby 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 armual 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.

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

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Change Addition

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4/23/98 SIGNATURE: