PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 126 WILSHIRE BLVD

2. Principal Place of Business

CASSELBERRY FL 32707

Suite, Apt. #, etc.

City & State

SUITE 160

21

22

23

24

Zip



Mailing Address

SUITE 160

26

27

28 Zip

29

126 WILSHIRE BLVD

2a. Mailing Address

City & State

CASSELBERRY FL 32707

Suite, Apt. #, etc.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$23264 1. Corporation Name

KNUTSON PROPERTY INSPECTIONS, INC.

Country

9. Name and Address of Current Registered Agent

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KNUTSON, JAMES R.

312 OAK HILL DRIVE

FILED Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90118 007 ***150.00

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DO NOT WKI	TE IN TH	ÎS SPACÉ_	= -
3. Date Incorporated or Qualifed			
01/07/1991			
4. FEI Number	_	A	pplied For
59-3044078			lot Applicable
5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution			May Be to Fees
This corporation owes the current Personal Property Tax.	ent year	Intangible La Yes	□No
10. Name and Address of New F	Registere	d Agent	

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

ALTAMONTE SPRINGS FL 32701 83 84 City 85 Zip Code

81 Name

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.

Country

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0.001471105					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re-	gistered Agent signature r		DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
TITLE	P DELETE	1.1 TITLE	·	☐ Change	☐ Addition
NAME	KNUTSON, JAMES R.	1.2 NAME			
STREET ADDRESS	312 OAK HILL DRIVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	<u> </u>		
TITLE .	DELETE	2.1 TITLE	and the second second second second	Change	Addition
NAME		22 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP		-	
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE 13	SECTION OF SECTION SECTION DELETE	5.1 TMLE		☐ Change	☐ Addition
NAME 347	The state of the s	5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY+ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	•	Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 C(TY+ST-Z)P			

14. I hereby certify that the information supplied with this filling 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

SIGNATURE: