SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S82802** **(7)**

1. Corporation Name

FLORIDA HOME INSPECTIONS, INC.

Principal Place of Business	Mailing Address
2300 N DIXIE HWY STE 203E BOCA RATON FL 33431 US	2300 N DIXIE HWY STE 203E BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: **09/24/1991**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21: 52 W OAKLAND Park BLVD
Suite, Apt #, etc. 22: #105
City & State 23: WILTON MANORS, FL
Zip 24: 33311 Country 25: USA

2a. Mailing Address
26: 52 W. OAKLAND Park BLVD.
Suite, Apt #, etc. 27: #105
City & State 28: WILTON MANORS, FL
Zip 29: 33311 Country 30: USA

4. FEI Number: **65-0284362** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

GEROW, JEFFREY S
4800 NO FEDERAL HWY
STE 306B
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, Type or Print Name of Registered Agent and Date (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	HUBER, WILLIAM R		1.2 NAME	McFARLAND, JODY L	
STREET ADDRESS	2730 NE 5TH ST		1.3 STREET ADDRESS	2225 NW 2ND AVE	
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP	WILTON MANORS, FL	
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCFARLAND, JODY L.		2.2 NAME		
STREET ADDRESS	2225 NW 2ND AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL		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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			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 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jody L. McFarland 6-12-96 (954)463-3837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #