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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V37075

(1)

ENGINEERING INSPECTION CORPORATION

Principal Plai	ce of Business
RT 1 BOX 2 HOLT FL 32	

2. Principal Place of Business

SIGNATURE:

Mailing Address RT 1 BOX 29 C HOLT FL 32564

2a. Mailing Address

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/19/1992

4-6.78

850 517 5701

21		26		59-3123997	Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional		
22		27		6. Certificate of Status Desired	Fee Required		
City & State	9	City & State		6. Election Campaign Financing	\$5,00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible		
24	25	29	30	Personal Property Tax due June 30.	Yes No		
	9. Name and Address of Curren	t Registered Agent	(81 Name	10. Name and Address of New Registered	1 Agent		
Indian, odia					ļ		
RT 1 BOX 29C		B2 Street Add	iress (P.O. Box Number is Not Acceptable)				
HOLT FL 32584							
· 			83				
			84 City		85 Zip Code		
				FI FI	_ 00 2.7 0000		
11. Pursuant	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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE							
O'O'N' TONE	Bighature, typed or printed name of registered ago		TE: Hegislered Agent signature requ	uired when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PT '	DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	TASHIK, JOHN	•	1.2 NAME		J		
STREET ADDRESS	RT 1 BOX 29C		1.3 STREET ADDRESS				
CITY-ST-ZIP	HOLT FL		1.4 CITY - ST - ZIP				
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	SPENCER, PERRY		2.2 NAME		ľ		
STREET ADDRESS	RT 8 BOX 194		2.3 STREET ADDRESS		}		
CITY-ST-ZIP	Brookhaven MS		2. 4 CITY-S1-ZIP		j		
TITLE	D	DELETE	3.1 TITLE		Change Addition		
NAME]	TASHIK, CINDY	·	3.2 NAME		}		
STREE1 ADDRESS	RT 1 BOX 29C		3.3 STREET ADDRESS		1		
CITY-ST-ZIP	HOLT FL		3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	*	Change Addition		
NAME			4.2 NAME		Ì		
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		1		
STREET ADDRESS			5.3 STREET ADDRESS		j		
CITY - ST - ZIP			5.4 City - St - ZIP		j		
TITLE		DELFTE	6.1 TITLE		Change Addition		
NAME			6.2 NAME	A +	}		
STREET ADDRESS			63 STREET ADDRESS		[
CITY-S1-ZIP			6.4 C(1Y-\$1-ZIP		{		
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	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 trusted 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							