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 # V57948

(4)

INSPECTION AND DATA ACQUISITION, INC.

Principal Place of Business Mailing Address 14226 HEXAM RD 14226 HEXAM RD **BROOKSVILLE FL 34613** BROOKSVILLE FL 34613

FILED Mar 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

											08/10/	1992							
2. Principal Pl	ace of Busin		2	2a. Mailing Address						4. FEI Number					Applied For				
21					26						59-3	19051	6				Not	Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					1.	Certifica			alsad		\$8.7	5 Ac	ditional	
22				27	27					P.	Cermica	1 0 01 31	aius De	isii eu		Fee	Req	ulred	
City & State					City & State					6.	Election	Campa	aign Fin	ancing		\$5.0)O M	lay Be	
23					28					ļ	Trust Fu	nd Con	tribution	1				Fees	
Zip	Country			- 1	Zip			ountry			This cor	poration	owes	or has pa	aid the cu	rren≱year	Intar	ngible	
24	25			28	29 30						Personal Property Tax due June 30.						Yes No		
9. Name and Address of Current					l Registered Agent				10. Name and Address of New Registered Agent						Agent				
HAI	T. TERRY	S.					B1	Nε	ime										
14226 HEXAM RD. BROOKSVILLE FL 34613									82 Street Address (P.O. Box Number is Not Acceptable)										
								83											
																- Table 4			
							84	Cit	ly						FI	85 Z	ip Co	ode	
11. Pursuant I	o the provis	ions of	Sections 607.050	2 and	1 607.1508, Florid	da Statutes,	the above	-nai	med corpo	ration	n submits	this st	atemen	for the	purpose (of changin	g its	registered	
office or re	egistered ag	gont, or	both, in the State accept the oblig	of Flo	orida. Such chan	ige was auti	horized by	/ the	corporatio	on's b	oard of c	director	s. I here	by acce	pt the ap	pointment	as re	gistered	
•	re reconsidi W	ari, ariti	account one ormy	anon is	s or, occupis our.	Joseph Frience	ou orainie:	٠.											
SIGNATURE	Signature, typied	or protoc	name of registered age	ni and I	Istic # applicable	(NOIL: R	legistered Apr	ni sig	nature required	d when	reinstating)				DATE				
12.			OFFICERS AN				13.							TO OFFI	CERS AN	D DIRECT	ORS	IN,12	
TITLE	D				DI DE	LETE	1.1 TITLE		Vit	27	Pess	IDE	UT		***************************************	Chang	je	Addition	
NAME	RIDOLE.	GREG	ORY GRANT		/ /		1.2 NAME		-	Š	نهرالد	T			609		- ('	
STREET ADDRESS	5000 38				•		1.3 STREET	ADDR	ESS 12	75	5 6	low	00B	A	6				
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THILE	D				DI DI	LËTE	2.1 TITLE		C. P. I		,					Chang	je	Addition	
NAME	HAIT, TE	ERRY S	S .				2.2 NAME												
STREET ADDRESS	14226 HEXAM RD.				1 -			2.3 STREET ADDRESS										ľ	
CITY-SI-ZIP	BROOK						2.4 CITY-							**:	11.1				
TITLE	D. 15 DIN		. <u>i. =</u>		DE DE	LETE	3.1 TITLE	- y - <u>E</u> 11								Chan	ge	Addition	
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CITY-ST-ZIP							3.4. CITY - 1												
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NAME						/-	4.2 NAME		ŀ								,		
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CITY-ST-ZIP							ŧ		- 1									ľ	
TITLE					□ DE	LETE	4.4 CITY - S 5.1 TITLE	1-211								Chang	10	Addition	
NAME					<u>, , , , , , , , , , , , , , , , , , , </u>		5.2 NAME										,		
1						ļ		4DD*	ron									-	
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CITY-S1-ZIP					T] DE	I E T E	5.4 CITY-S	T - ZIP								Chan	10	Addition	
TITLE					[_] DC	ALIE .	6.1 TITLE		- 1							LL GIBH	le.	L AGUICION	
NAME							6.2 NAME	ME DEET ADDRESS										ļ	
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this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in half report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an exemption of the same in the sa

SIGNATURE: