FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -2 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/03/95--01118--023
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # V39784 (6)

1. Corporation Name
THE COASTAL APPRAISAL GROUP, INC.

Principal Place of Business
~~6315 PRESIDENTIAL COURT~~
~~SUITE F~~
FT. MYERS FL 33919

Mailing Address
~~6315 PRESIDENTIAL COURT~~
~~SUITE F~~
FT. MYERS FL 33919

3. Date Incorporated or Qualified: 05/28/1992
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business
21 6719 Winkler Rd
Suite, Apt. #, etc
22 Suite #200
City & State
23 Fort Myers FL
Zip 24 33919 25 Country Lee

2a. Mailing Address
26 6719 Winkler Rd
Suite, Apt. #, etc
27 Suite #200
City & State
28 Fort Myers FL
Zip 29 33919 30 Country Lee

4. FEI Number 65-0341939 ~~NOT APPLICABLE~~ ☐ 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
ANDERSON, PAUL A.
6315 PRESIDENTIAL COURT
SUITE F
FT. MYERS FL 33919

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 ____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCOLGAN, BRIAN
STREET ADDRESS	6315 PRESIDENTIAL COURT
CITY ST ZIP	FT. MYERS FL
TITLE	VT
NAME	ANDERSON, PAUL
STREET ADDRESS	6315 PRESIDENTIAL COURT
CITY ST ZIP	FT. MYERS FL
TITLE	VSD
NAME	ROBERTSON, DALE A.
STREET ADDRESS	915 DOLPHIN DR.
CITY ST ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition; blank)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] PAUL ANDERSON 4-20-95 813-482-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0323274 CP