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Mar 10 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V39784 (6)

1. Corporation Name:
THE COASTAL APPRAISAL GROUP, INC.



Principal Place of Business: 6719 WINKLER RD. SUITE 200 FT. MYERS FL 33919
Mailing Address: 6719 WINKLER RD. SUITE 200 FT. MYERS FL 33919-7200

3. Date Incorporated or Qualified: 05/28/1992
3a. Date of Last Report: 04/23/1996
4. FEI Number: 65-0341939
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

ANDERSON, PAUL A.
6719 WINKLER RD.
SUITE 200
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	MCCOLGAN, BRIAN	
STREET ADDRESS	6719 WINKLER RD. SUITE 200	
CITY - ST - ZIP	FT. MYERS FL 33919	
TITLE	VT	☐ DELETE
NAME	ANDERSON, PAUL	
STREET ADDRESS	6719 WINKLER RD. SUITE 200	
CITY - ST - ZIP	FT. MYERS FL 33919	
TITLE	VSD	☐ DELETE
NAME	ROBERTSON, DALE A.	
STREET ADDRESS	6719 WINKLER RD. SUITE 200	
CITY - ST - ZIP	FT. MYERS FL 33919	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PT ☒ Change ☐ Addition
2.2 NAME	Anderson, Paul A.
2.3 STREET ADDRESS	6719 Winkler Road
2.4 CITY - ST - ZIP	Ft. Myers, FL 33919
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul A. Anderson, Pres. 2/27/97 941-482-4438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)