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

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

CITY-\$T-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

SARASOTA FL

GREBER APPRAISAL SERVICES, INC.

(1)

Mailing Address

FILED May 13 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998

C/O MORRIS GREBER 98 SARASOTA CENTER BLVD. SARASOTA FL 34240				9	C/O MORRIS GREBER 98 SARASOTA CENTER BLVD. SARASOTA FL 34240					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1983	
2.	2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For	
21	21			26	26					59-2280708 Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired See Regulred Fee Regulred		
City & State			— 1	City & State					6. Election Campaign Financing \$5.00 May Be		
23			28	28					Trust Fund Contribution Added to Fees		
Г	Zip	Country Zip C				Countr	Country 8. This corporation owes or has paid the current year Intangible				
24		25 29 30					Personal Property Tax due June 30. 💢 Yes 🔲 No				
9. Name and Address of Current R			ent Regis	egistered Agent					10. Name and Address of New Registered Agent		
GREBER, MORRIS 98 SARASOTA CENTER BLVD SARASOTA FL 34240							81 82 83	82 Street Address (P.O. Box Number is Not Acceptable)			
							84	1	•	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 ponted name of registered agent and little if applicable (NOTE R							Registered Agent signature required when reinstaling DATE				
12. OF FICERS AND DIRECTORS				(NOIE A	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1	<u> </u>				DELETE 1:			· · · · · · · · · · · · · · · · · · ·	Change Addition		
1	AME GREBER, MORRIS							1.2 NAME			
	STREET ADDRESS 98 SARASOTA CENTER BLVD						1.3 STREET ADDRESS		bcee		
A10100T1 T1			.40								
_	CITY-ST-ZIP SARASUTA FL			DELETE		1.4 CiTY-ST-ZIP 2.1 TITLE		_	Change Addition		
] "	NAME GREBER, HOWARD M.							22 NAME			
STREET ADDRESS 98 SARASOTA CENTER BLVD		Vn.				2.3 STREET ADDRESS					
CITY-ST-ZIP SARASOTA FL			10		l i			- 1			
	TLE	ST	VID (L		DELI	FTF	2.4 CITY- 3.1 TITLE		-	Change Addition	
	UME !	- ·	R, HOWARD M.				3.2 NAME		-		
1	TREET ADDRESS		ASOTA CENTER BL	VD			3.3 STREE		RESS		

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

Change

☐ Change

Addition

Addition

Addition