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FLORIDA DEPARTMENT OF STATE

OFFICE OF SECRETARY

1000 BANK BUILDING

TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

95 MAY 10 11:10:35

DOCUMENT # **H47349**

(6)

CUDDEBACK & ASSOCIATES APPRAISAL SERVICES, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 15619 PREMIERE DR #104 TAMPA FL 33624-1331 US		2. Mailing Address 15619 PREMIERE DRIVE #104 TAMPA FL 33624 US		3. Date of Incorporation or Qualification 03/14/1985		3a. Date of Last Report 05/01/1994	
21. State App # 1st		26. State App # 2nd		4. FEI Number 59-2533660		Applied For ☐ Not Applicable	
22. City, State, Zip		27. City, State, Zip		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City, State, Zip		28. City, State, Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City, State, Zip		29. City, State, Zip		30. City, State, Zip		8. This corporation has liability for intangible tax under § 194.037, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent CUDDEBACK, GEORGE A. 15619 PREMIERE DRIVE STE. 104 TAMPA FL 33624				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number or Not Applicable)			
				83.			
				84. City			
FL				85. Zip Code			
11. I, the undersigned, being a resident of this state, do hereby certify that the above named corporation has been organized in accordance with the provisions of the laws of the State of Florida, and that the same is now in existence and is duly qualified to do business in this state. Such change was authorized by the corporation's board of directors, and the appointment as registered agent is hereby accepted and approved by the undersigned.							
SIGNATURE: _____							
12. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws of the State of Florida. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 129, Florida Statutes, and that my name appears on the list of officers, directors, or trustees of the corporation with an address.							

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 813 969-0-33

