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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J19724

(0)

1. Corporation Name

HERITAGE APPRAISAL GROUP, INC.

Principal Place of Business

% REMLE C. WILLETT
2197 RINGLING BLVD.
SARASOTA FL 34237

Mailing Address

% REMLE C. WILLETT
2197 RINGLING BLVD.
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/17/1986

3a. Date of Last Report

05/27/1994

4. FEI Number

59-2715591

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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 3700 S. TAMiami TR.

2a. Mailing Address

26 3700 S. TAMiami TR

Suite, Apt. #, etc.

22 220

Suite, Apt. #, etc.

27 220

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip

24 34239

Country

25 SARASOTA

Zip

29 34239

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

WILLETT, REMLE C.
2197 RINGLING BLVD.
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3700 S. TAMiami TRAIL

83 SUITE 220

84 City SARASOTA

FL

85 Zip Code 34239

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

Remle C. Willett

REMLE C. WILLETT

4/21/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLETT, FRANK W.
STREET ADDRESS 2197 RINGLING BLVD
CITY - ST - ZIP SARASOTA FL

TITLE STV
NAME WILLETT, REMLE C.
STREET ADDRESS 2197 RINGLING BLVD
CITY - ST - ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3700 S. TAMiami TRAIL STE 220
1.4 CITY - ST - ZIP SARASOTA FL 34239

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3700 S. TAMiami TRAIL STE 220
2.4 CITY - ST - ZIP SARASOTA FL 34239

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VP
3.3 STREET ADDRESS MARK R. WILLETT
3.4 CITY - ST - ZIP 3700 S. TAMiami TR. STE 220
SARASOTA, FL 34239

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 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: Remle C. Willett REMLE C. WILLETT

4/21/95

813-365-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone