

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -5 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J19831 (3)

1. Corporation Name

AFFILIATED APPRAISERS, INC.

Principal Place of Business

1683 SPOTTSWOOD CIRCLE
P.O. BOX 1478
PALM HARBOR FL 34683

Mailing Address

1683 SPOTTSWOOD CIRCLE
P.O. BOX 1478
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/16/1986

3a. Date of Last Report
07/29/1994

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

County

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

County

4. FEI Number

59-2707833

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

6. This corporation has liability for intangible tax under § 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WISE, ROBERT S.
3418 HANDY ROAD
SUITE 204
TAMPA FL 33618

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05

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 and 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 provisions of Section 607.0508, Florida Statutes.

SIGNATURE

Signature of the corporation's registered agent or officer or director

Signature of the corporation's registered agent or officer or director

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
VANDER LAAN, ROBERT D.
1683 SPOTTSWOOD CIRCLE
PALM HARBOR FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
VANDER LAAN, DONNA M
1683 SPOTTSWOOD CIR
PALM HARBOR 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

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(b), 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. I am an officer or director of the corporation or the receiver or trustee or authorized 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 and typed or printed name of signing officer or director

DONNA M VANDER LAAN

6/29/95

813
705 6993