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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K09285

(3)

DAWSON APPRAISAL, P.A.

FILED Apr 15 1998 8:00am Secretary of State

Address	i indialit all dalla lasts frag rafiar afti dibit arbre binte anni alori alori alori
OX 2742 ETERSBURG FL 33731-2742	DO NOT WRITE IN THIS SPACE

424 BEACH DR NE 202 ST. PETERSBURG FL 33701 US		P.O. BOX 2742	ST. PETERSBURG FL 33731-2742		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1987		
2. Principal Pl	ace of Business	2e. Mailing Address			4. FEI Number	Applied For	
26				59-2863980	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country 25	Ζ(p	Country 30		8. This corporation owes or has paid the cu		
24	9. Name and Address of Curr		130		10. Name and Address of New Registered		
DAV			81	Name			
Dawson, William A. 424 Beach Dr Ne			82	Street Add	iress (P.O. Box Number is Not Acceptable)		
ST.	PETERSBURG FL 33701		83				
			84	City	FL	85 Zip Code	
11. Pursuant in office or reagent. I as SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stam familiar with, and accept the obtaining the stamp of projected agency to the stamp of projected agency.				poration submits this statement for the purpose of tion's board of directors. I hereby accept the application of the purpose of the application of the purpose of the purpo	if changing its registered cointment as registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	DPS	. DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	DAWSON, WILLIAM A.		1.2 NAME	- 1			
STREET ADDRESS	424 BEACH DR NE, STE 20	2	1.3 STREET	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME			22 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE	-		Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY - 5	ST-ZIP		,	
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST - ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADORESS			6.3 STREET	ADDRESS		•	
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP			

14. I 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:

813-821-9344