

May 04, 2006
Secretary of

DOCUMENT # L32828

1. Entity Name
TRI-COUNTY APPRAISAL OF S.W. FLA., INC.Principal Place of Business
17509 ROCKEFELLER CR., STE. 2
FT MYERS, FL 33912Mailing Address
17509 ROCKEFELLER CR., STE. 2
FT MYERS, FL 33912

05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0159789Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, MICHAEL L
17509 ROCKEFELLE CIRCE #2
FORT MYERS, FL 33912DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 20069. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LONG, MICHAEL L
STREET ADDRESS	17509 ROCKEFELLER CR #2
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	S
NAME	LONG, BETTY J.
STREET ADDRESS	17509 ROCKEFELLER CR., SUITE 2
CITY-ST-ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000565542
05/22/06-80001-006 150.00DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Betty Long