

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 24 1997 8:00am
Secretary of State

DOCUMENT # M45189 (1)

1. Corporation Name
APPRAISALFIRST, INC.

Principal Place of Business

C/O EARLE A. GIDDENS
8390 N.W. 53RD ST., STR. 201
MIAMI FL 33166

Mailing Address

C/O EARLE A. GIDDENS
8390 N.W. 53RD ST., STR. 201
MIAMI FL 33166

3. Date Incorporated or Qualified

01/21/1987

3a. Date of Last Report

02/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2769553

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GIDDENS, EARLE A.
8390 NW 53RD ST., #201
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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

Signature of approved person of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PM ☐ DELETE

NAME GAMBLE, RICHARD D.
STREET ADDRESS 222 SOUTH WESTMONTE DRIVE SUITE 116
CITY - ST - ZIP ALTAMONTE SPRINGS FL

TITLE VCM ☐ DELETE

NAME GIDDENS, EARLE A.
STREET ADDRESS 8390 NW 53RD ST., #201
CITY - ST - ZIP MIAMI FL

TITLE VSTM ☐ DELETE

NAME MAYHEW, PAUL
STREET ADDRESS 8390 NW 53RD STREET, STE 201
CITY - ST - ZIP MIAMI FL

TITLE M ☐ DELETE

NAME HALL, CAROL
STREET ADDRESS 8390 NW 53RD ST., #201
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE

NAME CHAPMAN, ROWLAND
STREET ADDRESS 8390 NW 53RD ST., #201
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GOODMAN, RICHARD I
STREET ADDRESS 8070 NW 53RD STREET, STE. 105
CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/M GAMBLE, RICHARD D.
1.3 STREET ADDRESS 222 SOUTH WESTMONTE DRIVE SUITE 116
1.4 CITY - ST - ZIP ALTAMONTE SPRINGS, FLORIDA 32714

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 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:

Earle A. Giddens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

305-470-2100

Daytime Phone #

0519994

0519994 (9/96)