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Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M45189

(1)

1. Corporation Name

APPRAISALFIRST, INC.

Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1987

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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 RICHARD D GAMBLE

82 Street Address (P.O. Box Number is Not Acceptable) 8390 NW 53RD ST, SUITE 201

83

84 City MIAMI FL 85 Zip Code 33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

R. D. Gamble PRESIDENT 1/16/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PM
GAMBLE, RICHARD D.
222 S WESTMONTE DR, STE 116
ALTAMONTE SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSTM
MAYHEW, PAUL
8390 NW 53RD STREET, STE 201
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

M
HALL, CAROL
8390 NW 53RD ST., #201
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
CHAPMAN, ROWLAND
8390 NW 53RD ST., #201
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
GOODMAN, RICHARD I
8070 NW 53RD STREET, STE. 105
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-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:

R. D. Gamble RICHARD D GAMBLE

1/16/98 (305) 470-2100

CR2E034 (10/97)