

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000040096**

Corporation Name

SUMMIT APPRAISALS, INC.

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90019 010 ***550.00



Principal Place of Business
**209 POLEY LN
LAKELAND FL 33811**

Mailing Address
**4209 POLEY LN
LAKELAND FL 33811**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3188963	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WALKER, CLAUDIE O 4209 POLEY LN LAKELAND FL 33811				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PTD WALKER, CLAUDIE O P.O. BOX 5107 N/A LAKELAND FL 33807	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	VSD WALKER, WANNA R P.O. BOX 5107 N/A LAKELAND FL 33807	1.2 NAME	
3. NAME		1.3 STREET ADDRESS	
4. NAME		1.4 CITY-ST-ZIP	
5. NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. NAME		2.3 STREET ADDRESS	
8. NAME		2.4 CITY-ST-ZIP	
9. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. NAME		3.3 STREET ADDRESS	
12. NAME		3.4 CITY-ST-ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. NAME		4.3 STREET ADDRESS	
16. NAME		4.4 CITY-ST-ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. NAME		5.4 CITY-ST-ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. NAME		6.3 STREET ADDRESS	
24. NAME		6.4 CITY-ST-ZIP	

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: **Claudie O. Walker** **CLAUDIE O. WALKER** 7-2-99 941-644-3902

CR2E034 (5/99)