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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90013 028 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000045205

THOMAS D. WORKMAN APPRAISAL, INC.

	- S INDEEDER TON DEEDE EEUR EEUR KOELL MAKEL MEINT ALDAN HITTEN TÂUR ALTH OFFI OFFI LAND
Principal Place of Business Mailing Address	
2007 SAVONA PARKWAY CAPE CORAL FL 33904 CAPE CORAL FL 33904 CAPE CORAL FL 33904	
ONE COUNTY TO COUNTY	DO NOT WRITE IN THIS SPACE
• •	3. Date Incorporated or Qualifed
	06/18/1993
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 26	65-0423012 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional
22 27	Fee Required
City & State	6. Election Campaign Financing \$5.00 May Be
23 28 28	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes the current year Intangible
24 25 29 30	Personal Property Tax.
9. Name and Address of Current Registered Agent 81 Name	10. Name and Address of New Registered Agent
WORKMAN, THOMAS D	· ·
2007 SAVONA PARKWAY 82 Street A	ddress (P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33904	10 10 10 10 10 10 10 10 10 10 10 10 10 1
03	
04 034	85 Zip Cöde
84 City	
	ru
	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpor agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
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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, with all other like empowered. ess, with all other like empowered

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP