

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****DOCUMENT # P93000046053 (3)**

1. Corporation Name

PASCO APPRAISALS, INC.

55 APR 19 PM 6:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**13839 HWY. 98 BYPASS SO.
DADE CITY FL 33525**

Mailing Address

**13839 HWY. 98 BYPASS SO.
DADE CITY FL 33525**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1993

3a. Date of Last Report

10/05/1994

4. FEI Number

65-0416913

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. The corporation has liability for intangible tax under C. 193.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21 13839 HWY 98 BYPASS

2a. Mailing Address

26 13839 HWY 98 BYPASS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**SMITH, STEPHEN P
701 HWY 98 BYPASS S
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

13839 HWY 98 BYPASS

B3

B4 City

FL

B5 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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, STEPHEN P
STREET ADDRESS	701 HWY 98 BYPASS S
CITY, ST, ZIP	DADE CITY FL 33525
TITLE	DS
NAME	HIKERT, KRISTEEN
STREET ADDRESS	701 HWY 98 BYPASS S
CITY, ST, ZIP	DADE CITY FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	13839 HWY 98 BYPASS
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	13839 HWY 98 BYPASS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Stephen P Smith**STEPHEN P. SMITH****4-13-95 904 5107 2933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number