

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082368 (0)

1. Corporation Name

SUNCOAST VALUATION SERVICES, INC.

Principal Place of Business

3747 S.W. SANTA BARBARA PLACE
UNIT #1
CAPE CORAL FL 33914

Mailing Address

3747 S.W. SANTA BARBARA PLACE
UNIT #1
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
04/19/1994

2. Principal Place of Business

21 6519 HARBOUR BLVD.

Suite, Apt. #, etc.

22

City & State

23 PANAMA CITY BEACH

Zip

24 32407

Country

25 BAH USA

2a. Mailing Address

26 6519 HARBOUR BLVD.

Suite, Apt. #, etc.

27

City & State

28 PANAMA CITY BEACH

Zip

29 32407

Country

30 USA

4. FEI Number

65-0455675

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

7. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PADGHAM, ROBERT A
3747 S.W. SANTA BARBARA PLACE
UNIT #1
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

PADGHAM, ROBERT A

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

6519 HARBOUR BLVD.

83

84 City

PANAMA CITY BEACH

FL

85 Zip Code

32407

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

ROBERT ALLEN PADGHAM, PRES.

Robert Allen Padgham

4/20/95

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

(NOTE: Registered Agent signature required when contesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

PADGHAM ROBERT A
3747 SW SANTA BARBARA PLACE UNIT #1
CAPE CORAL FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

DYKSTRA GEORGE M
24324 PIRATE HARBOR BLVD
PUNTA GORDA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

DYKSTRA, PRISCILLA R
24324 PIRATE HARBOR BLVD
PUNTA GORDA FL 33955

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

1.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Allen Padgham, PRES.

4/20/95 (909) 235-4892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER