

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 8:34

DOCUMENT # P94000042398 (5)

1. Corporation Name

SPACE COAST APPRAISAL SERVICE, INC.

Principal Place of Business

3300 ARBIA CT
MELBOURNE FL 32934

Mailing Address

3300 ARBIA CT
MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

4. FEI Number

59-3254384

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 2800 AURORA ROAD

Suite, Apt. #, etc.

22 SUITE G

City & State

23 MELBOURNE FL

Zip

24 32935

Country

25 USA

2a. Mailing Address

26 2800 AURORA ROAD

Suite, Apt. #, etc.

27 SUITE G

City & State

28 MELBOURNE FL

Zip

29 32935

Country

30 USA

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A
1825 S RIVERVIEW DR
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
HASSEL, ROBERT L
3300 ARABIAN CT
MELBOURNE FL 32934

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
☐ Change ☒ Addition

12. NAME
13. STREET ADDRESS
14. CITY ST ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY ST ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY ST ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY ST ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY ST ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. 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 this corporation, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. HASSEL

4/5/95

407-254-5850