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FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000079574 (7)

1. Corporation Name:
ASAP APPRAISALS, INC.

Principal Place of Business
18214 CYPRESS COVE LANE
LUTZ FL 33549

Mailing Address
18214 CYPRESS COVE LANE
LUTZ FL 33549-5439



3. Date Incorporated or Qualified 10/28/1994 3a. Date of Last Report 04/23/1996

2. Principal Place of Business
21 109 FLAGSHIP DR.
Suite, Apt. #, etc.

2a. Mailing Address
26 109 FLAGSHIP DR.
Suite, Apt. #, etc.

4. FEI Number 59-3270167 Applied For Not Applicable

22 City & State
23 LUTZ, FL

27 City & State
28 LUTZ, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33549

25 Country

29 Zip 33549

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PFISTER, LINDA E
18214 CYPRESS COVE LANE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
109 FLAGSHIP DR.
83
84 City LUTZ FL 85 Zip Code 33549

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 Linda E. Pfister LINDA E. PFISTER

2/22/97
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVTS	<input type="checkbox"/> DELETE
NAME	PFISTER, LINDA E.	
STREET ADDRESS	18214 CYPRESS COVE LANE	
CITY - ST - ZIP	LUTZ FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PFISTER, JOHN C.	
STREET ADDRESS	18214 CYPRESS COVE LANE	
CITY - ST - ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P-T-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	14303 WADSWORTH DR.	
14 CITY - ST - ZIP	ODESSA, FL 33556	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	14303 WADSWORTH DR.	
24 CITY - ST - ZIP	ODESSA, FL 33556	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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: Linda E. Pfister

2/22/97 813-949-0272

CR2E034 (9/96)