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Apr 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000059697

1. Corporation Name
BDS APPRAISERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~6205 BAHIA DEL MAR UNIT M-408~~
 ST PETERSBURG FL ~~33716~~
 US

Mailing Address
 877 EXECUTIVE CENTER DR. W.
 SUITE 303
 ST. PETERSBURG FL 33702
 US

3. Date Incorporated or Qualified
08/02/1995

4. FEI Number
59-3331505

5. Certificate of Status Desired Applied For Not Applicable
\$8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **2008 IOWA AVE N.E.**
 Suite, Apt. #, etc. 26

22

27

City & State
 23 **St. Petersburg, FL**
 Zip Country
 24 **33703** 25 **USA**
 29 30

2a. Mailing Address
 26
 Suite, Apt. #, etc. 27

28
 City & State
 Zip Country

9. Name and Address of Current Registered Agent
MASCARA, ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE, WEST
ST. PETERSBURG FL 33702

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **DPT CLAUDIA M. SOUCY**
 STREET ADDRESS ~~6205 BAHIA DEL MAR, UNIT M-408~~
 CITY-ST-ZIP ~~ST. PETERSBURG FL~~

TITLE DELETE
 NAME **DVPS LEO A. SOUCY**
 STREET ADDRESS ~~6205 BAHIA DEL MAR, UNIT M-408~~
 CITY-ST-ZIP ~~ST. PETERSBURG FL~~

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **2008 IOWA AVE N.E.**
 1.4 CITY-ST-ZIP **ST. Petersburg, FL. 33703**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **2008 IOWA AVE N.E.**
 2.4 CITY-ST-ZIP **ST. Petersburg, FL. 33703**

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 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.

SIGNATURE: **Leo A. Soucy** **3/24/99** **727-526-8502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)