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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 # P95000089210 (5)

1. Corporation Name

LENTZ APPRAISAL GROUP, INC.



Principal Place of Business

Mailing Address

C/O 2121 COUNTRY RD 851  
SUITE 202  
NAPLES FL 33999

C/O 2121 COUNTRY RD 851  
SUITE 202  
NAPLES FL 33999

3. Date Incorporated or Qualified

11/21/1995

3a. Date of Last Report

07/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATHAN, G. HELEN  
5551 RIDGEWOOD DR  
SUITE 501  
NAPLES FL 33963

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME  
LENTZ, JOHN JR  
STREET ADDRESS  
3720 FIELDSTONE BLVD #707  
CITY- ST- ZIP  
NAPLES FL 33999

12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 included 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:

*John A. Lentz, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97  
Date

941-353-7747  
Daytime Phone #

CR2E034 (9/96)