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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073422 (3)
1. Corporation Name
PRIORITY REAL ESTATE APPRAISERS, INC.

Principal Place of Business Mailing Address
4475 US 1 SOUTH SUITE 100
ST. AUGUSTINE FL 32086

2. Principal Place of Business 2a. Mailing Address
21 4475 US 1 SOUTH 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 100 27
City & State City & State
23 ST. AUGUSTINE FL 28
Zip Country Zip Country
24 32086 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
08-30-96 N/A
4. FEI Number Applied For
59-3398187 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
6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DAVID W. SIEFKER
704 ALDEN WAY
ST. AUGUSTINE FL 32086-6832

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
NAME ☐ DELETE
DAVID W. SIEFKER
STREET ADDRESS 704 ALDEN WAY
CITY-STATE-ZIP ST. AUGUSTINE FL 32086
NAME ☐ DELETE
KEN OLIVEIRA
STREET ADDRESS 123 MOHEGAN ROAD
CITY-STATE-ZIP ST. AUGUSTINE FL 32086
NAME ☐ DELETE
NAME ☐ DELETE
NAME ☐ DELETE
NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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: David W. Siefker 5-5-97 (904) 797-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)