FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000071801 (9)

SMITH APPRAISAL GROUP, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				s seemede ine leint seem deut meint detil illedt tillet till i filt i filt i ibit
1489 WINSTON LANE 1489 WINSTON LANE ORANGE PARK FL 32073 ORANGE PARK FL 32073				
ORNINGE TAR	WAT SENS	ONANGE PARK FL 32	10/3	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/19/1997
·	Place of Business	2a. Mailing Address	, ,	4. FEI Number Applied For
21 /532 Suite, Apt.	Kingsley how	26 1582 Kin	suley the	59-3469627 Not Applicable
22 Sh. 7	105-0	Suite, Apt. #, etc.	~ A	Certificate of Status Desired Second Status Desired
City & State		City & State		Fee Required
23 Olas	<i></i>	28 Bronca Part	e Pla	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zιρ	Country	This corporation owes or has paid the current year Intangible
24 3767.	1201 24.1	29 32073	30 Clay	Personal Property Tax due June 30. Yes No
	9, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
	ITH, WALLACE S		81 Name	
	89 WINSTON LANE		82 Street A	Address (P.O. Box Number is Not Acceptable)
QR.	ANGE PARK FL 32073		83	
			63	
			84 City	B5 Zip Code
11. Pursuant t	to the provisious of Soctions 607.050	2 and 607 1508 Florida Sta	tutes the above named	FL 65 20 Code
office or re	egistered agent, or both, in the State	of Horida, Such change wa	as authorized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	in lamility with any accept the onlig	ations of, Section 607.0505,	Florida Statutes.	1.16.66
SIGNATURE	Signature, type of or printed minicial registered agre		NOTE. Registered Agent signature	required when reinstating) DATE
12.		D DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	₽D	☐ DELETE	11 TILE	Change Addition
NAME	SMITH, WALLACE S		1.2 NAME	·
STREET ADDRESS	1489 WINSTON LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY - ST - ZIP	
TITLE	STD	DELETE	2.1 THTLE	Change
NAME	SMITH, KIMBERLY L		2.2 NAME	
STREET ADDRESS	1489 WINSTON LANE		2.3 STREET ADDRESS	
CITY-S1-ZIP	ORANGE PARK FL 32073	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Chance Classic
NAME		ت منبداد	3.1 TILE 3.2 NAME	LJ Change Li Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 City-St-Zip	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		_ , ,	4. 2 NAME	En summer
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CHY-ST-7IP	
TITLE		DELETE	61 111LE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	artification the inference of	it at the first of	6.4 CITY - S1 - ZIP	
14. IDBIEDV C	erum mai ine intormation sunctied wi	un mus tilingi glade ned auralifi.	Lior the exemption states	in Section 119 07/3/(i) Florida Statutes I further contitu that the information

Indicated on this arroust report or supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the informatio indicated on this arroust report or supplemental arroust 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, byton an attachment with an address.