

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000078628

1. Corporation Name

PLUM APPRAISALS, INC.

Principal Place of Business

**1475 N LARK WOOD SQUARE
FORT MYERS FL 33919
US**

Mailing Address

**1475 NORTH LARKWOOD SOAURE
FORT MYERS FL 33919**

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90155 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

65-0780568

Applied For

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

Joan E. Cabai

82 Street Address (P.O. Box Number is Not Acceptable)

1475 N. Larkwood Sq.

83

84 City

Fort Myers

FL

85 Zip Code

33919

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

Joan E. Cabai

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-99

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **H686329**
STREET ADDRESS **1475 N LARKWOOD SQUARE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PST ☒ Change ☐ Addition
Joan E. Cabai
1475 N. Larkwood Square
Fort Myers, FL 33919

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Vice President ☐ Change ☒ Addition
James R. Cabai
1475 N. Larkwood Square
Fort Myers, FL 33919

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Joan E. Cabai
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan E. Cabai

Date

2-2-99

Daytime Phone #

941-437-6454

CR2E034 (1/98)