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Secretary of State

03-02-1999 90062 027 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000090016

1. Corporation Name
DOUGLAS W. MAUBORGNE, APPRAISERS, INC.



Principal Place of Business
 1331 GLENDALE STREET
 LAKELAND FL 33803

Mailing Address
 1331 GLENDALE STREET
 LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 820 S. FLORIDA AVE
 Suite, Apt. #, etc.
 22 Suite 208
 City & State
 23 Lakeland FL
 Zip Country
 24 33801 25 USA

2a. Mailing Address
 26 820 S. FLORIDA AVE
 Suite, Apt. #, etc.
 27 Suite 208
 City & State
 28 Lakeland FL
 Zip Country
 29 33801 30 USA

3. Date Incorporated or Qualified
10/20/1997

4. FEI Number
59-3477643 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
MAUBORGNE, DOUGLAS W
 1331 GLENDALE STREET
 LAKELAND FL 33803

10. Name and Address of New Registered Agent
 81 Name **DOUGLAS W. MAUBORGNE**
 82 Street Address (P.O. Box Number is Not Acceptable)
820 S. FLORIDA AVE
 83 **Suite 208**
 84 City **Lakeland** **FL** 85 Zip Code **33801**

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 *Douglas W. Mauborgne* **Douglas W. MAUBORGNE** **1-20-99**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P MAUBORGNE, DOUGLAS W
STREET ADDRESS	1331 GLENDALE STREET
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> DELETE
NAME	VP MAUBORGNE, NANCY J
STREET ADDRESS	1331 GLENDALE STREET
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Douglas W. Mauborgne* **Douglas W. MAUBORGNE** **1-20-99** **941-680-3154**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)