

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90013 043 ***150.00

DOCUMENT # P98000031327

1. Corporation Name

ANCHOR ADJUSTMENT AND APPRAISAL SERVICES, INC.

Principal Place of Business

11653 SE 197TH ST
INGLIS FL 34449

Mailing Address

11653 SE 197TH ST
INGLIS FL 34449

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1998

4. FEI Number

59-3514148

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4812 RIVERSIDE DR.

26 P.O. Box #1109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 YANKEETOWN, FL

28 INGLIS FL

Zip

Country

Zip

Country

24 34498

25 USA

29 34449-1109

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

REICHLE, CRYSYNDA
11653 SE 197TH ST
INGLIS FL 34449

10. Name and Address of New Registered Agent

81 Name

CRYSYNDA REICHLE

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

4812 RIVERSIDE DRIVE

83

YANKEETOWN

84 City

FL

85 Zip Code

34498

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

TITLE

P

NAME

REICHLE, CRYSYNDA

STREET ADDRESS

11653 SE 197TH ST

CITY-ST-ZIP

INGLIS FL 34449

TITLE

V

NAME

REICHLE, WILLIAM J III

STREET ADDRESS

11653 SE 197TH ST

CITY-ST-ZIP

INGLIS FL 34449

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

V

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

REICHLE, CRYSYNDA
4812 RIVERSIDE DR.
YANKEETOWN, FL 34498

REICHLE, WILLIAM J III
4812 RIVERSIDE DR.
YANKEETOWN, FL 34498

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CRYSYNDA REICHLE 3/15/99 352/447-2099

Date

Daytime Phone #

CR2E034 (1/98)

0582064