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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90043 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000053033

1. Corporation Name
PMP APPRAISALS, INC.

Principal Place of Business

401-E CHASE STREET
SUITE 102-A
PENSACOLA FL 32501

Mailing Address

401-E CHASE STREET
SUITE 102-A
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

59-3516656

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MAHER, KEVIN E
401-E CHASE STREET
SUITE 102-A
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name Cathy C. Pfeiffer
82 Street Address (P.O. Box Number is Not Acceptable)
580 Bob White Court
83
84 City Pensacola FL 85 Zip Code 32514

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

Kevin E. Maher

4-22-99

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME PENLAND, PHILLIP L
STREET ADDRESS 1522 LIGHTHOUSE COURT
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☐ DELETE
NAME MAHER, KEVIN E
STREET ADDRESS 3287 CABOT COVE ROAD
CITY-ST-ZIP NAVARRE FL 32566

TITLE D ☐ DELETE
NAME PFEIFFER, CATHY C Pfeiffer
STREET ADDRESS 309 EDGEWATER DRIVE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice President
2.2 NAME Kevin E. Maher
2.3 STREET ADDRESS 3287 Cabot Cove
2.4 CITY-ST-ZIP Navarre, FL 32566 ☒ Change ☐ Addition

3.1 TITLE President
3.2 NAME Pfeiffer, Cathy C.
3.3 STREET ADDRESS 580 Bob White Court
3.4 CITY-ST-ZIP PENSACOLA, FL 32514 ☒ Change ☐ Addition

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

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

6.1 TITLE ☐ Change ☐ 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:

Kevin E. Maher Vice Pres

4-22-99

850-939-1594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)