Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90043 012 ***150.00

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 # P98000053033

PMP AP	PRAISALS, INC.					
Principal P ac	e of Business	Mailing Address				
401-E CHASE S	STREET	401-E CHASE STREET				
SUITE 102-A PENSACOLA FL 32501		SUITE 102-A PENSACOLA FL 32501		DO NOT WRITE IN TH	- IS SPACE	
TENOHOULA FI	L 32301	PENSACOER PE SESSI		3. Date Incorporated or Qualifed 06/12/1998		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	lied For
21		26		59-3514656	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Red	uired
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00	Лау Ве
23		28		Trust f und Contribution	Added to	Fees
Zip	Cour try	Zip	Country	8. This corporation owes the current year		-x*.
24	25		30	Persor al Property Tax.	·	ZNo
	9. Name and Address of Curren	Registered Agent	81 Name -	10. Name and Address of New Register	e a Agent	
MAH	ier, kevin e			athy C. Pteifter		
401-E CHASE STREET		82 Street A	dress (P.O. Bo) Number is Not Acceptable)			
	E 102-A		83 3 80	Bob White Court		c -t
	SACOLA FL 32501		63			
1 614	0.100B11E 02001		84 City D		85 Zip C	ode
			10			19
11. Pursuant office cr r	to the provisions of Sections 607.0502	2 and 607 1508, Florida Statu	tes, the above-named c	crooration submits this statement for the purpose	or changing its i	egistereu
agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Fl	authorized by the corpor orida Statutes.	riporation submi sithis statement for the purpose attion's board of directors. I hereby accept the ap		stered
agent. I a	im familiar with, and accept the obligat	nons or, Section 607.0505, Fit	orida Statutes.	4-2	2-99 2-99	stered
agent. I a SIGNATURE	Signature, typed or printed na ne of registered agent	at and title if applicable (NOT	Registered Agent signature rec	i (red when reinstating) DATE	2-99	
agent. 1 a SIGNATURE 12.	Signature, typed or printed na ne of registered agen	at and trile if applicable (NOT	Registered Agent signature rec	4-2	2-99	
SIGNATURE 12. TITLE	Signature, typed or printed na ne of registered agen OFFICERS AN	at and title if applicable (NOT	E: Registered Agent signature rec	i (red when reinstating) DATE	2-99	
agent. Fa	Signature, typed or printed na ne of registered agen OFFICERS AN PENLAND, PHILLIP L	at and trile if applicable (NOT	E Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	i (red when reinstating) DATE	2-99	
SIGNATURE 12. TITLE	Signature, typed or printed na ne of registered agen OFFICERS AN PENLAND, PHILLIP L 1522 LIGHTHOUSE COURT	at and trile if applicable (NOT	E Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	i (red when reinstating) DATE	2-99	
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	Signature, typed or printed na ne of registered agen OFFICERS AN D PENLAND, PHILLIP L 1522 LIGHTHOUSE COURT GULF BREEZE FL 32561	at and trile if applicable (NOT DIRECTORS OELETE	E: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	(ired when reinstating) ADDITIONS/CHANGES TO OFFICERS	2-99 ND DIRECTOI ☐ Change	IS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRE 3S	Signature, typed or printed na ne of registered agen OFFICERS AN D PENLAND, PHILLIP L 1522 LIGHTHOUSE COURT GULF BREEZE FL 32561 D	at and trile if applicable (NOT	Transport of the statutes of t	a (red when reinstating) ADDITIONS/CHANGES TO OFFICERS	2-99	
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	Signature, typed or printed na ne of registered agen OFFICERS AN D PENLAND, PHILLIP L 1522 LIGHTHOUSE COURT GULF BREEZE FL 32561 D MAHER, KEVIN E	at and trile if applicable (NOT DIRECTORS OELETE	Transport of the statutes of t	a (red when reinstating) ADDITIONS/CHANGES TO OFFICERS	2-99 ND DIRECTOI ☐ Change	IS IN 12
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	Jensture, typed or printed na ne of registered agen OFFICERS AN DEPENDENCE OF PENLAND, PHILLIP L. 1522 LIGHTHOUSE COURT GULF BREEZE FL 32561 D. MAHER, KEVIN E. 3287 CABOT COVE ROAD	at and trile if applicable (NOT DIRECTORS OELETE	E Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS VICE President KRUIN E Mahen 5287 Cabot Cove	2-99 ND DIRECTOI ☐ Change	IS IN 12
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14. I herebily 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 a Jother like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition