

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S28276
1. Corporation Name
SILVERCREST REALTY GROUP, INC.

(1)

Principal Place of Business

9400 SEMINOLE BLVD
SEMINOLE FL 34642
US

Mailing Address

9400 SEMINOLE BLVD.
SEMINOLE FL 34642
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1991

4. FEI Number

59-3048596

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 110 POINCIANA LN
Suite, Apt. #, etc.

22

City & State

23 LARGO FL

Zip

24 33770

Country

25 USA

2a. Mailing Address

26 110 POINCIANA LN
Suite, Apt. #, etc.

27

City & State

28 LARGO FL

Zip

29 33770

Country

30 USA

9. Name and Address of Current Registered Agent

ANDERSON, DAVID R.
9400 SEMINOLE BLVD.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name

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

110 POINCIANA LN

83

84 City

LARGO

FL

85 Zip Code

33770

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

David R. Anderson

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/98

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | HAWKINS, ROGER | |
| STREET ADDRESS | 7500 39 ST S10 | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | COPY, ED | |
| STREET ADDRESS | 7193 17 WAY N | |
| CITY - ST - ZIP | ST. PETERSBURG FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | FRANKLIN, JANA | |
| STREET ADDRESS | 8380 144TH LANE, N. | |
| CITY - ST - ZIP | SEMINOLE FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | CAMP, PAUL J. | |
| STREET ADDRESS | 9110 1ST ST., N. | |
| CITY - ST - ZIP | ST. PETERSBURG FL | |
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, DAVID R. | |
| STREET ADDRESS | 110 POINCIANA LANE | |
| CITY - ST - ZIP | LARGO FL | |
| 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/98

Daytime Phone # 0404100

CR2E034 (10/97)