

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S78363** (6)

1. Corporation Name

DOUCETTE APPRAISAL SERVICES, INC.

95 JAN 17 PM 12: 29

Principal Place of Business

**13407 CATTAIL CT
HUDSON FL 34667**

Mailing Address

**13407 CATTAIL CT
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/05/1991

3a. Date of Last Report
02/08/1994

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number
59-3082345

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DOUCETTE, GLENNA
13407 CATTAIL CT
HUDSON FL 34667**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 agent 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 of agent, if agent is not the corporation, must be signed by agent)

(Signature of registered agent, if registered agent is not the corporation, must be signed by agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**D
DOUCETTE, GLENNA
13407 CATTAIL COURT
HUDSON FL**

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**D
DOUCETTE, ARTHUR P.
13407 CATTAIL CT.
HUDSON FL**

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

1. NAME

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2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(1) (b), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall be as the same legal officer and director under oath. That I am an officer or director of the corporation on the record or fiction company or become one of the report as required by a Chapter Law, Florida Statutes, and that my name appears on the record or fiction company or become one of the report as required by a Chapter Law, Florida Statutes, and that my name appears on the record or fiction company or become one of the report as required by a Chapter Law, Florida Statutes.

SIGNATURE:

Glenna Doucette
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Glenna Doucette

president

1-11-95

813 862 2129