

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S88721** (3)

1. Corporation Name

SOUTHEASTERN APPRAISAL, INC.



Principal Place of Business

~~48657 WELLINGTON TRACE D-1~~
~~WEST PALM BEACH FL 33414~~

Mailing Address

~~13857 WELLINGTON TRACE D-1~~
~~WEST PALM BEACH FL 33414~~

2. Principal Place of Business

21 **12765 W FOREST HILL BLVD**

Suite, Apt. #, etc.

22 **#1302**

City & State

23 **WELLINGTON, FL**

Zip

Country

24 **33414-4724**

25

2a. Mailing Address

26 **12765 W FOREST HILL BLVD**

Suite, Apt. #, etc.

27 **#1302**

City & State

28 **WELLINGTON, FL**

Zip

Country

29 **33414-4724**

30

3. Date Incorporated or Qualified
10/21/1991

3a. Date of Last Report
05/01/1995

4. FET Number

65-0291896

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKES, THOMAS K

13857 WELLINGTON TRACE

STE D1

WEST PALM BCH FL 33414

81 Name

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

12765 W FOREST HILL BLVD

83 **#1302**

84 City

WELLINGTON, FL

FL

85 Zip Code

33414-4724

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:

TH Parkes

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2/2/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DS

NELSON, MICHAEL H.

42678 HEADWATER CIRCLE

WEST PALM BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DPT

PARKES, THOMAS K.

14049 PORT CIRCLE

PALM BEACH GRDNS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CO SOUTHERN APPR.** ☒ Change ☐ Addition

1.2 NAME **12765 W. FOREST HILL BLVD**

1.3 STREET ADDRESS **#1302**

1.4 CITY-ST-ZIP **WELLINGTON, FL 33414-4724**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

SIGNATURE: *TH Parkes TREAS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (407) 793-9874

Date

Daytime Phone #

CP2E034 (12/95)