FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V14211 (9)

1. Corporation Name
SUNCOAST APPRAISAL GROUP OF SARASOTA COUNTY, INC

Principal Place of Business	Mailing Address
653 SOUTH ORANGE AVENUE SARASOTA FL 34236	653 SOUTH ORANGE AVENUE SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 635 South ORANGE Ave	2a. Mailing Address: 26 635 SOUTH ORANGE Ave.
Suite, Apt #, etc: 22 SUITE #10	Suite, Apt #, etc: 27 SUITE #10
City & State: 23 SARASOTA FL	City & State: 28 SARASOTA FL
Zip: 24 34236 / Country: 25 SARASOTA	Zip: 29 34236 / Country: 30 SARASOTA

3. Date Incorporated or Qualified: 02/13/1992
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0318328 ☐ 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

REEGLER, SARI LYNN
653 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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 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 ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	11 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, CLAYTON ALAN	12 NAME	
STREET ADDRESS	4021 CAMINO REAL	13 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	14 CITY, ST, ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, DIANE HEIDEN	22 NAME	
STREET ADDRESS	4021 CAMINO REAL	23 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Diane Heiden Thompson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANE HEIDEN THOMPSON Secretary

Date: 2/21/95
Daytime Phone #: 813 922-1561
Hm #
Wk 954 1661

0341431 CP