

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V56548 (3)
1. Corporation Name
SUNCOAST APPRAISAL GROUP OF LEE - COLLIER, INC.

Principal Place of Business 1405 S.E. 47TH STREET UNIT 2 CAPE CORAL FL 33904		Mailing Address 1405 S.E. 47TH STREET UNIT 2 CAPE CORAL FL 33904-9668		<div style="display: flex; justify-content: space-between;"> <div>3. Date Incorporated or Qualified 08/06/1992</div> <div>3a. Date of Last Report 07/18/1996</div> </div>	
2. Principal Place of Business 21 4021 CAMINO REAL Suite, Apt. #, etc.		2a. Mailing Address 26 4021 CAMINO REAL Suite, Apt. #, etc.		<div style="display: flex; justify-content: space-between;"> <div>4. FEI Number 65-0365963</div> <div>Applied For Not Applicable</div> </div>	
22 City & State 23 SARASOTA, FLORIDA		27 City & State 28 SARASOTA, FLORIDA		<div style="display: flex; justify-content: space-between;"> <div>5. Certificate of Status Desired <input type="checkbox"/></div> <div>\$8.75 Additional Fee Required</div> </div>	
24 Zip 34231		29 Zip 34231		<div style="display: flex; justify-content: space-between;"> <div>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/></div> <div>\$5.00 May Be Added to Fees</div> </div>	
25 Country SARASOTA		30 Country SARASOTA		<div style="display: flex; justify-content: space-between;"> <div>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>	
9. Name and Address of Current Registered Agent REEGLER, SARI LYNN 1521 S. TAMiami TRAIL SUITE 304 VENICE FL 34293				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 <u><i>Diane Heidenthompson</i></u> DIANE HEIDENTHOMPSON 4-23-97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, CLAYTON A		1.2 NAME		
STREET ADDRESS	4021 CAMINO REAL		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, DIANE H		2.2 NAME		
STREET ADDRESS	4021 CAMINO REAL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do 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.					
<u><i>Diane Heidenthompson</i></u> DIANE HEIDENTHOMPSON 4-23-97					