

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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H46765** (4)
1. Corporation Name
ENNIS APPRAISAL ASSOCIATES, INC.



Principal Place of Business 4000-14 ST. JOHNS AVENUE JACKSONVILLE FL 32205 US	Mailing Address 4000-14 ST. JOHNS AVENUE JACKSONVILLE FL 32205-8355 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/08/1985 4. FEI Number 59-2500848 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐ 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	3a. Date of Last Report 04/30/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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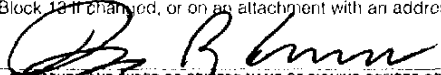
9. Name and Address of Current Registered Agent ENNIS, DUNCAN R 4000-14 ST. JOHNS AVENUE JACKSONVILLE FL 32205	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ENNIS, DUNCAN R. 4000-7 ST. JOHNS AVE. JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PSD ENNIS, DUNCAN R. 4000-14 ST. JOHNS AVE. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP MULLEN, HENRY W. 4000-7 ST. JOHNS AVE. JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP VP MULLEN, HENRY W. 4000-14 ST. JOHNS AVE. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP FARMER, RICHARD F., JR 4000-7 ST. JOHNS AVE. JACKSONVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP VP FARMER, RICHARD F., JR. 4000-14 ST. JOHNS AVE. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP CUNNINGHAM, D. LEE 4000-7 ST. JOHNS AVE. JACKSONVILLE FL 32205	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ DELETE

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.

SIGNATURE:  4/25/97 904/387-4467

CR2E034 (9/96)