

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAR 23 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046192 (9)

1. Corporation Name

STRICKLEN APPRAISAL SERVICES, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

~~2290 S. BAY ST.~~  
~~EUSTIS FL 32726~~

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~~EUSTIS FL 32726~~

3. Date Incorporated or Qualified  
06/24/1993

3a. Date of Last Report  
04/21/1994

2. Principal Place of Business

2a. Mailing Address

21 36 WEST DICIE DRIVE

28 36 WEST DICIE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 EUSTIS, FLA.

28 EUSTIS, FLA.

Zip

Country

Zip

Country

24 32726

25 U.S.A.

29 32726

30 U.S.A.

4. FEI Number  
59-3193626

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

STRICKLEN, ALBERT L  
~~2290 S. BAY ST.~~  
EUSTIS FL 32726

CHANGE ADDRESS ONLY

81 Name STRICKLEN ALBERT L.

82 Street Address (P.O. Box Number, is Not Acceptable)  
36 WEST DICIE DRIVE

83

84 City EUSTIS FL 85 Zip Code 32726

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

*Albert L. Stricklen, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

1/12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME STRICKLEN, ALBERT L  
STREET ADDRESS 13900 YALE HAMMOCK RD.  
CITY-ST-ZIP UMATILLA FL 32784

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 36 WEST DICIE DRIVE  
1.4 CITY-ST-ZIP EUSTIS FL 32726

TITLE V  
NAME BLAKISTON, EDWARD Y  
STREET ADDRESS C/O 2290 S. BAY ST.  
CITY-ST-ZIP EUSTIS FL 32726

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 36 WEST DICIE DRIVE  
2.4 CITY-ST-ZIP

TITLE V  
NAME BLAKISTON, ERIKA L  
STREET ADDRESS C/O 2290 S. BAY ST.  
CITY-ST-ZIP EUSTIS FL 32726

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 36 WEST DICIE DRIVE  
3.4 CITY-ST-ZIP

TITLE ST  
NAME STICKLEN, LAUREN L  
STREET ADDRESS C/O 2290 S. BAY ST.  
CITY-ST-ZIP EUSTIS FL 32726

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS 36 WEST DICIE DRIVE  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 1 (0.07(3)(b), 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 liquidator 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 in an attachment to this report.

SIGNATURE:

*Albert L. Stricklen, President*

ALBERT L. STRICKLEN, PRESIDENT

01/12/95 (904) 589-5124