

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000046192 (9)**

1. Corporation Name

STRICKLEN APPRAISAL SERVICES, P.A.



Principal Place of Business

Mailing Address

**36 WEST DICIE DR
EUSTIS FL 32726
US**

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EUSTIS FL 32726
US**

3. Date Incorporated or Qualified
06/24/1993

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FCI Number

59-3193626

Applied For
Not Applicable

22

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5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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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
36 WEST DICIE DR
EUSTIS FL 32726**

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 607.0602 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the registered agent or the principal officer or director

Signature of the registered agent or principal officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	DP STRICKLEN, ALBERT L 36 W DICIE DR EUSTIS FL	<input type="checkbox"/> DELETE
12.2	V BLAKISTON, EDWARD Y 36 W DICIE DR EUSTIS FL	<input type="checkbox"/> DELETE
12.3	V BLAKISTON, ERIKA L 36 W DICIE DR EUSTIS FL	<input type="checkbox"/> DELETE
12.4	ST STRICKLEN, LAUREN L 36 W DICIE DR EUSTIS FL	<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	

STRICKLEN
= (correct spelling)

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 of this report, or as an appointment with an address.

SIGNATURE: *Albert L. Stricklen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERT L. STRICKLEN, PRESIDENT

2/24/96 (904) 589-5124
DATE

CR2E034 (12/95)