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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700000865

1. Corporation Name

rkun nu	HEH-LOWERT APPRAISAL	GROUP, ING.			
Principal Place	e of Business	Mailing Address			I HERIK DAL KIND KOMIN KODERL ODERLE BOLLIN BERKIN BERKIN BEKKIN
		SUITE 402			
		PENSACOLA FL 32504	L 32504		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
_					01/03/1997
2. Principal Place of Business 2a. Ma		2a. Mailing Address	Mailing Address		4. FEI Number Applied For
21 26					62-1664807 Not Applicable
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 27					Fee Required
· · · · · · · · · · · · · · · · · ·		City & State	City & State		-6. Election Campaign Financing \$5.00 May Be
23 28					Trust Fund Contribution Added to Fees
Zip Country Žip		Country 8. This corporation owes the current year Intangible Personal Property Tax.			
24 25 29 30			0]		Torochart topolity text
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
LOWERY, RODGER K			"	Name	
3000 LANGLEY AVENUE			82	Street A	Address (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32504			83	\	·
			84	City	85 Zip Code
					FL 50 Exp occion
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			nt signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	D DELETE	13.	Т	Change Addition
TITLE					O Suman
NAME			1.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	Change Addition
ΠLE	-		2.1 TITLE	İ	
NAME	11.01.1101.211, 00.111.011		2.2 NAME		
STREET ADDRESS	THE PROPERTY OF THE PROPERTY O			TADDRESS	
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CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
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STREET ADDRESS			5.3 STREE	T ADDRESS	Į į
CITY-ST-ZIP	,		5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TTTLE		Change Addition
NAME			6.2 NAME	-	
STREET ADDRESS			6.3 STREE	TADDRESS	

14. I 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 receipts or trusted 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 or an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZP

Lowery 1/22/99 850-477-0419

May 04, 1999 8:00 am Secretary of State

05-04-1999 90010 039 ***150.00