

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000000865

1. Entity Name

FRUITTICHER-LOWERY APPRAISAL GROUP, INC.



Principal Place of Business

3000 LANGLEY AVENUE
SUITE 402
PENSACOLA, FL 32504

Mailing Address

3000 LANGLEY AVENUE
SUITE 402
PENSACOLA, FL 32504



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1664807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWERY, RODGER K
3000 LANGLEY AVENUE
PENSACOLA, FL 32504

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME LOWERY, RODGER K
STREET ADDRESS 3000 LANGLEY AVENUE, SUITE 402
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VTD
NAME FRUITTICHER, JOHN T JR
STREET ADDRESS 3000 LANGLEY AVENUE, SUITE 402
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000671169
03/28/07-80017-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TOM FRUITTICHER

3/14/07 850.477.0419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #