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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000001070 (9)**

1. Corporation Name
PREMIER APPRAISALS, INC.

Principal Place of Business	Mailing Address
100 HANNOVER PARK RD SUITE 200 ATLANTA GA 30350	100 HANNOVER PARK RD SUITE 200 ATLANTA GA 30350-7503

2. Principal Place of Business	2a. Mailing Address
21 12 PERIMETER CTR EAST	26 12 PERIMETER CTR EAST
Suite, Apt. #, etc. 22 SUITE 1220	Suite, Apt. #, etc. 27 SUITE 1220
City & State 23 ATLANTA, GA 30346	City & State 28 ATLANTA, GA 30346
Zip / Country 24 30346 / 25 USA	Zip / Country 29 30346 / 30 USA

3. Date Incorporated or Qualified: 03/01/1996
3a. Date of Last Report:
4. FEI Number: 58-1878527 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☒ XX — **$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 ☒ XX No

9. Name and Address of Current Registered Agent

YEARGIN, DAVID W
707 MILL CREEK RD
SUITE 300
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

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 607.0502 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	CS WALLACE, R. MICHAEL 100 HANNOVER PARK RD, SUITE 200 ATLANTA GA 30350	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD WALLACE, FAYE A 100 HANNOVER PARK RD, SUITE 200 ATLANTA GA 30350	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTOX, MICHAEL W 100 HANNOVER PARK RD, SUITE 200 ATLANTA GA 30350	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 12 PERIMETER CENTER EAST STE 1220 ATLANTA, GA 30346
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COBB, DOUGLAS F 400 W. MARKET ST, SUITE 1610 LOUISVILLE KY 40202	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition V JONATHAN R. POWELL 12 PERIMETER CENTER EAST, STE 1220 ATLANTA, GA 30346
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: _____ 5-21-97 770-804-9800