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 # 179145

1. Corporation Name

GADSDEN ABSTRACT & APPRAISAL COMPANY

Principal Place of Business Mailing Address					- I IESTES II DIT IDUS IN	71 E. I.B. 1 BIBB - BOL BIBL	A1611 81811 BIB11		
120 S MADISON QUINCY FL 323		120 S MADISON ST OUINCY FL 32351							
•						NOT WRITE IN THIS	3 SPACE		
					3. Date Incorporated or 06/11/1954	Qualifed			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-0715386		A	pplied For	
21		26 2075 Centre P	6 2075 Centre Pointe Blvd.				N	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Desired 🗓		Additional	
22		27						Required	
City & State		City & State	T Mallabassa Dr		6. Election Campaign Fi	- 11		May Be	
23			<u> </u>			Trust Fund Contribution Added to Fees			
Zip			Country		8. This corporation owes the current		/ear Intangible ☐ Yes ☑No		
24]	25	29 32308 30	USF	4	Personal Property Ta 10. Name and Address			123/190	
Name and Address of Current Registered Agent				Name	10. Name and Address	of New Registered	Agent		
VANLANDINGHAM, CLAY			81	Ivallie	John T. LaJoie				
120 S MADISON ST			82	Street		Address (P.O. Box Number is Not Acceptable)			
QUINCY FL 32351			83		2075 Centre Poi	nte Bouleva	ard		
(40)1401 1 E 05001			63	Ì				ì	
			84	City				Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab				Ta	allahassee	Fl		2308	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, f Florida. Such change was autho	the above orized by	e-named the corpo	corporation submits this stateme pration's board of directors. I her	nt for the purpose o eby accept the appo	r cnanging it pintment as r	egistered	
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes			rialan			
SIGNATURE	John . Ralo	<u> </u>				3/5/79			
				nt signature re	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECT	ORS IN 12	
12.	PDVP OFFICERS/AND	DELETE	13.		P/D	3 TO OFFICENS A	₩ Change		
TITLE	VANLANDINGHAM, CLAY	X	1.2 NAME		Conway, Michael		XY	_	
NAME	120 S MADISON ST				2075 Centre Poin	te Blvd.			
STREET ADDRESS	QUINCY FL 32351		1.3 STREET		Tallahassee, FL	32308		į.	
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	T-ZIP	S		[X] Change	Addition	
TITLE		M DELETE	2.2 NAME		LaJoie, John T.		E.3	ا المحمد الم	
NAME					2075 Centre Pointe Blvd.				
STREET ADDRESS			2.3 STREET		Tallahassee, FL 32308				
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	i1-ZiP	Tallanassee, FL 32300		☐ Change	Addition	
TITLE		OFFEIE							
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE						
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	61-ZIP			☐ Change	Addition	
TITLE			4.1 HILE						
NAME				T ADDDESO				}	
STREET ADDRESS			4.3 STREE					j	
CITY-ST-ZIP		□ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP			Change	Addition	
TITLE NAME		[] brrrit	5.2 NAME						
INMINE					1				

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 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 chapter 607, and that my name appears in the receiver of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of the

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90029 017 ***150.00

05-19-1999 90029 018 *****8.75

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