FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **415771** **(5)**

1. APPRAISAL ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1700 9TH ST N STE. C ST PETERSBURG FL 33704	1700 9TH ST N. STE. C ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1973

3a. Date of Last Report: 08/01/1994

4. FEI Number: 59-1438541 — Applied For / Not Applicable

5. Certificate of Status Desired — $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 / No

2. 21 22 23 24 25 — 2a. Mailing Address 26 27 28 29 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAYNARD, J THOMAS 1700 9TH ST. N., SUITE C ST PETERSBURG FL 33704	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 617.0502, 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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BAYNARD, J THOMAS
STREET ADDRESS	536 19TH AVE N E
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	STD
NAME	BAYNARD, WILLIAM T., SR.
STREET ADDRESS	2430 COFFEE POT BLVD
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — Change / Addition

14. I 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)(n), 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: J. Thomas Baynard J. THOMAS BAYNARD 5/4/95 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006517 CP