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

(1)

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PROFIT
CORPORATION
ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 28 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 530881

1. Corporation Name
HORIZON APPRAISAL SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 225 WATER ST<br>LEGAL DIVISION<br>JACKSONVILLE FL 32202<br>US | 225 WATER ST<br>LEGAL DIVISION FL0585<br>JACKSONVILLE FL 32202<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/1977

4. FEI Number
59-2193986
[ ] 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 owes the current year Intangible Personal Property Tax. [ ] Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 Legal Division |
| Suite, Apt. #, etc.<br>22 1201 Hays St., ste105 | Suite, Apt. #, etc.<br>27 301 S. College St. |
| City & State<br>23 Tallahassee FL | City & State<br>28 Charlotte NC |
| Zip / Country<br>24 32301 25 USA | Zip / Country<br>29 28288 30 USA |

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 | D | [X] DELETE | 1.1 TITLE | D | [ ] Change [ ] Addition |
| NAME | HODNETT, BRYON E | | 1.2 NAME | Jack M. Antonini | |
| STREET ADDRESS | 225 WATER ST | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | [X] DELETE | 2.1 TITLE | D | [ ] Change [ ] Addition |
| NAME | WERTZ, LARRY J | | 2.2 NAME | Robert T. Atwood | |
| STREET ADDRESS | 225 WATER ST | | 2.3 STREET ADDRESS | 301 S. College St. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | Charlotte, NC 28288 | |
| TITLE | D | [X] DELETE | 3.1 TITLE | D | [ ] Change [ ] Addition |
| NAME | MITCHELL, JOHN A III | | 3.2 NAME | James E. Maynor | |
| STREET ADDRESS | 225 WATER ST | | 3.3 STREET ADDRESS | 301 S. Tryon St. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | Charlotte, NC 28288 | |
| TITLE | S | [ ] DELETE | 4.1 TITLE | | [ ] Change [ ] Addition |
| NAME | MILLER, JERRY | | 4.2 NAME | | |
| STREET ADDRESS | 301 S COLLEGE ST | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CHARLOTTE NC | | 4.4 CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE | 5.1 TITLE | | [ ] Change [ ] Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE | 6.1 TITLE | | [ ] Change [ ] Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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CR2E034 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 1/27/99 904-374-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 115532 167868A

AUTHORIZATION : Patricia Pruitt

COST LIMIT : $ 150.00

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ORDER DATE : January 28, 1999

ORDER TIME : 11:19 AM

ORDER NO. : 115532-025

CUSTOMER NO: 167868A

CUSTOMER: Lisa P. Clontz, Legal Asst
First Union Corporation
One First Union Ctr
Legal Dept. - 31st Floor
Charlotte, NC 28288

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ANNUAL REPORT FILING

NAME: HORIZON APPRAISAL SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Lamm

EXAMINER'S INITIALS: _____

99 JAN 29 PM 12:14
DIVISION OF CORPORATIONS