FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:05

DOCUMENT # F08889 (0)

1. Corporation Name
HOLEMON APPRAISAL AND REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address
235 CABANA POINT CIRCLE STUART FL 34994-4806	235 CABANA POINT CIRCLE STUART FL 34994-4806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1980
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 51 W.FLAGLER ST.	26 51 W. FLAGLER ST.
Suite, Apt. #, etc. 22 SUITE 206	Suite, Apt. #, etc. 27 SUITE 206
City & State 23 STUART, FLA.	City & State 28 STUART, FLA
Zip / Country 24 34994 / 25 MARTIN	Zip / Country 29 34994 / 30 MARTIN

4. FEI Number: 59-2044285 ☐ 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

9. Name and Address of Current Registered Agent

HOLEMON, CHARLES L
235 CABANA POINT CIRCLE
STUART FL 34997

10. Name and Address of New Registered Agent

01 Name: HOLEMON , CHARLES L.
02 Street Address (P.O. Box Number is Not Acceptable): 2450 S.E. PENNY LANE
03
04 City: STUART FL 05 Zip Code: 34994

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: (Signature of new registered agent, if changing) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PST HOLEMON , CHARLES L. 2450 S.E. PENNY LANE STUART, FLA. 34994
PST HOLEMON, CHARLES L 6420 S. KANNER HWY. STUART, FL 00000	X Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ 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)(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: Charles L Holemon 3/11/95 407-287-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
CHARLES L. HOLEMON

0381120 CR