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

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90234 006 ***150.00

DOCUMENT # F14381 1. Corporation Name APPRAISAL SERVICES REX A. RUSAW, INC.										
Principal Place of Business Mailing Address								(614) (19) 411) (ETT BLOK ETEK	DIANERIUM (CA
2354 S BASCO HOMOSASSA F	MBE AVE	P.O. BOX 66 LECANTO FL 34460			DO NOT WI	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualife	d		
			To 11 11 11				01/12/1981			<u> </u>
⊢ − '	lace of Business		2a. Mailing Addre	2a. Mailing Address			4. FEI Number	4. FEI Number Applied For S9-29 190 10 Not Applicable		
Suite, Apt.	#. etc	Suite, Apt. #, etc.			39-29 190 10		\$8.75			
22	,,, 5.0.	27			5. Certifcate of Status Desired			equired		
City & State	e		City & State				6. Election Campaign Financing Trust Fund Contribution	3 🖸	\$5.00 Added	-
) Zip		Country	Zip		Country		8. This corporation owes the cu	rrent year Int		
24	25		29	30			Personal Property Tax.		∐Yes	□No
	9. Name and	Address of Currer	nt Registered Agent				10. Name and Address of New	Registered .	Agent	
Dire	AUG TEDECA A				81	Name	,			
RUSAW, TERESA A 2354 S BASCOMBE AVE						Street A	Address (P.O. Box Number is Not Accep	otable)		
HOMOSASSA FL 34448										
HOMOSASSA FE S4440										
						City		FL	85 Zip	Code
office or re	egistered agent,	or both, in the State	2 and 607.1508, Florid of Florida. Such chang tions of, Section 607.0	e was autho	rized by	the corpo	corporation submits this statement for the oration's board of directors. I hereby acc	e purpose of ept the appoir	changing its ntment as re	registered gistered
SIGNATURE							anitrod when rejectored	DATE		
Signature, typed or printed name of registered agent 12. OFFICERS ANI						s signature re	ADDITIONS/CHANGES TO C		D DIRECTO	PRS IN 12
TITLE	P		☐ DE	LETE	1.1 TITLE				Change	Addition
NAME	RUSAW, REX	A .			1.2 NAME	i				
STREET ADDRESS	2354 S BASC			ŀ	1.3 STREET	ADDRESS				
CITY-ST-ZIP	HOMOSASŞA	\ FL 34448			1.4 CITY-ST	r-ZiP				
TITLE	st and owner		LETE	2.1 TITLE				☐ Change	Addition	
NAME	Rusaw, Ter	ESA A.			2.2 NAME	-				{
STREET ADDRESS	2354 S BASC				2.3 STREET	ADDRESS				ĺ
CITY-ST-ZIP	HOMOSASSA	\ FL 34448			2. 4 CITY-S	T-ZIP				
TITLE	•		□ DE	LETE	31 TITLE	- 1			Change	☐ Addition
NAME					3.2 NAME	- 1				
STREET ADDRESS					3.3 STREET	ADDRESS				Ì
CITY-ST-ZIP					3.4. CITY-S	T-ZIP			Change	- Addition
TITLE			□ DE	LETE	4.1 TITLE	-			Change	Addition
NAME					4.2 NAME					
STREET ADDRESS				į	4.3 STREET	- (ļ
CITY-ST-ZIP TITLE			□ DE	LETE	4.4 CITY-ST 5.1 TITLE	-ZIP			Change	Addition
NAME					5.2 NAME	- {				
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CITY-S1	- L				}
TITLE			□ DE	LETE	6.1 TITLE				Change	Addition

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 or 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 (2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

5-02-99 352-628-4325

.