

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F58667** (9)

1. Corporation Name

APPRAISAL SERVICES OF BRANDON, INC.

Principal Place of Business

Mailing Address

**2505 SR 60 EAST
VALRICO FL 33594
US**

**2505 S.R. 60 EAST (VALRICO, 33594)
P.O. BOX 1154
BRANDON FL 33509-1154**



2. Principal Place of Business		3a. Date of Last Report	
21		12/16/1981	
22 Suite, Apt. #, etc.		3b. Date of Last Report	
23 City & State		01/17/1996	
24 Zip		4. FEI Number	
25 Country		59-3229103	
26		5. Certificate of Status Desired	
27		8.75 Additional Fee Required	
28		6. Election Campaign Financing	
29		Trust Fund Contribution	
30		5.00 May Be Added to Fees	
31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
32		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURRY, DERRELL R.
2505 HWY 60 EAST
VALRICO FL 33594**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CURRY, DERRELL R	1.2 NAME	
STREET ADDRESS	2505 HWY 60 EAST	1.3 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	
NAME	CURRY, NORMA RODRIQUE Z	2.2 NAME	
STREET ADDRESS	2505 S.R. 60 E	2.3 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)