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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # G23603

1. Corporation Name
APPRAISAL ANALYSTS, INC.

Principal Place of Business	Mailing Address
4156 OKEECHOBEE ROAD FT PIERCE FL 34947 US	601 ATLANTIC AVE FT PIERCE FL 34950 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1983

4. FEI Number: 59-2403289 ☐ 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 4156 Okeechobee Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft. Pierce, FL
Zip 24 / Country 25	Zip 29 34947 / Country 30 US

9. Name and Address of Current Registered Agent

HONKONEN, CHARLES V
5091 NW ERSKINE TERRACE
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name: KENNETH A. PENNY
82 Street Address (P.O. Box Number is Not Acceptable): 726 36th AVE
83
84 City: VERO BEACH FL 85 Zip Code: 32968

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: Kenneth A. Penny, KENNETH A. PENNY, PRESIDENT — 4/19/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BROWN, MICHAEL J 10960 KIMBERFYLD LANE FT. PIERCE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/DIT KENNETH A PENNY 726 36TH AVE VERO BEACH, FL 32968	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DANIELS, EDWARD T. JR. 6713 SAMBA ST FT PIERCE, FL 00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V DAVID C. HAWKLE 1075 31ST AVE VERO BEACH, FL 32968	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROSS, TAMMY 691 S.E. WHITMORE DRIVE PORT ST. LUCIE FL 34952	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT HONKONEN, CHARLES V 5091 NW ERSKINE TERRACE PORT ST LUCIE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Kenneth A. Penny, KENNETH A. PENNY, PRESIDENT — 3/15/99 — 561-460-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael J Brown Michael J Brown Director 3/22/99 561-460-7000