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

APPROVED AND FILED
95 MAY -1 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G. 27978

1. Corporation Name
AMERICAN EAGLE APPRAISERS, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: February 23, 1983
3a. Date of Last Report: 5-1-94

2. Principal Place of Business
21: 3956 B TAMIAMI TR
22: B. P.O Box 3240
23: Port Charlotte
24: 339493240
25: Charlotte

2a. Mailing Address
26: P.O. Box 3240
27:
28: Port Charlotte
29: 33949-3240
30:

4. FEI Number: 59-2257543 ☐ 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
~~ROBERT A.~~ KOLE, Robert A.
169 CARLISLE Ave N.W
Port CHARLOTTE, FL
33952

10. Name and Address of New Registered Agent
81 Name: Robert A. KOLE
82 Street Address (P.O. Box Number is Not Acceptable): 169 CARLISLE Ave N.W
83:
84 City: Port Charlotte FL 85 Zip Code: 33952

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: Robert A. Kole — Robert A. Kole — 5-1-95
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Preasident & TRES Robert A. KOLE 169 CARLISLE Ave N.W Port CHARLOTTE FL. 33952	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	U. Preas. and Sec't y KEBE KOLE 169 CARLISLE Ave NW Port Charlotte, FL. 33952	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY ST ZIP	☐ Change ☐ Addition 300001485903 -05/12/95--01063--002 ****400.00 ****200.00
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14. I do 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 above, or on an attachment with an address.

SIGNATURE: Robert A. Kole — Robert A. KOLE — 5-1-95 — 813-625-5442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #