

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G27978 (7)

1. Corporation Name

AMERICAN EAGLE APPRAISERS, INC.



Principal Place of Business

Mailing Address

~~8896 B TAMMAM TRAIL~~
P.O. BOX 3240
PORT CHARLOTTE FL 33949-3240

P.O. BOX 3240
PORT CHARLOTTE FL 33949-3240

2. Principal Place of Business

2a. Mailing Address

21 169 Carlisle Ave

26 P.O. Box 3240

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

23 Port Charlotte

28 Port Charlotte

Zip

Zip

24 33952

25 Charlotte

29 33949-3240

30 Charlotte

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOLE, ROBERT A
169 CARLISLE AVE. N.W.
PORT CHARLOTTE FL 33952

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, if applicable,

(NOTE: Registered Agent's signature required when renewing)

DA's

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME KOLE, ROBERT A
STREET ADDRESS 169 CARLISLE AVE. N.W.
CITY - ST - ZIP PORT CHARLOTTE FL 33952

TITLE VS ☐ DELETE

NAME KOLE, KEBE
STREET ADDRESS 169 CHARLISLE AVE. N.W.
CITY - ST - ZIP PORT CHARLOTTE FL 33952

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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 617, 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

8/2/96

941-625-1422

Daytime Phone #

CR2E034 (3/96)