FILED Apr 03, 2008 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # H90273	

ANNOAL REPORT					\neg	04-03-2008 90024 034 ***1 50.00			
DOCUMENT # H90273 1. Entity Name BROWN BEVIS REAL ESTATE APPRAISERS, INC.									
Principal Plac	e of Business	Mailing Address							
346 OFFICE PLAZA DRIVE		346 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301-2730 US		40	058017				
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			Chg-P	CR2E034 (12/06)			
City & State		City & State		4. FEI Number		 - - 	pplied For		
Zip	Country	Zip ·	Counti	ry	59-2613 5. Certificate of	f Status Desired	\$8.75 Add		
	6. Name and Address of Current R	egistered Agent			7. Name and A	Address of New R		•	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Name 9. Name									
				CILTALL	AH ACSE G		FL Zip Cod	ol	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rensistancy) DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUTIN, N. RICHARD JR. 346 OFFICE PLAZA DRIVE TALLAHASSEE, FL 323012730	₩ Delete		TADDRESS 3	ROWN , JUNAT 46 OFPICE ALLAHASTES,	PLAZADK		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, JONATHAN P 346 OFFICE PLAZA DRIVE TALLAHASSEE, FL 323012730	∑ Delete		T ADDRESS 3	BEVIS, MILT BYLL OPPICE MULAHRSSI	on e plaza	Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOUTIN, DEBORAH H 346 OFFICE PLAZA DRIVE TALLAHASSEE, FL 323012730) ≌ Delete					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete		T ADDRESS ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-:	I ADDRESS ST-ZIP			Change	☐ Addition	
indicated of the cor	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy , or on an attachment with an address, wi	rue and accurate and that n vered to execute this report	ny signatu as require	ure shall have	the same legal effect	as if made under o	oath; that I am an officer	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR