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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J01368

(6)

D & R APPRAISALES, INC.

Principal Place of Business	Mailing Address	
11301 U.S. 92 EAST SEFFNER FL 33584 US	PO BOX 6887 SEFFNER FL 33583-6887 US	

FILED Mar 14 1997 8:00am Secretary of State



Principal Place	e of Business			Manin	g Address					***************************************					
11301 U.S. 92 EAST SEFFNER FL 33584 US				PO BOX 6887 SEFFNER FL 33583-6887 US											
										3. Date Incorporated or Qualified 04/01/1986	3a. Da 05/ 0	te of L 01/19		eport	
2. Principal Pl	lace of Busine	\$5	2	a. Ma	alling Address					4. FEI Number			Ap	plied For	
21			26	6						59-2642453				t Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	e			Cit	y & State					6. Election Campaign Financing	_	\$5	.00	May Be	
23			28	В						Trust Fund Contribution		Ad	ided t	o Fees	
Zip	<u> </u>	Country		- Zış)	F	ountry	,		8. This corporation has liability for			der s.	199.032,	
24	2		29		4 4 2 2 2 2	30	·T			Florida Statutes L 10. Name and Address of New Re		No			
		nd Address o	Current Heg	gistere	a Ageni		81	Na		10. Name and Address of New Ad	gistered	tgem			
	NALD P. FIS							ING	116						
	01 U.S. 92 E						82	Str	eet Add	dress (P.O. Box Number is Not Accepta	ole)				
SEF	FNER FL 33	584					83	-							
												·			
							84	Cit	y		FL	85	Zip (Code	
11. Pursuant t	to the provisio	ns of Sections	607.0502 and	1 607.1	1508, Florida Stati	utes the	abov	ie-nan	ned cor	rporation submits this statement for the		chang	ing it	s registered	
office or re	registered age	nt, or both, in t	he State of Flo	orida.	Such change was ection <mark>6</mark> 07.0505, f	authori	zed by	y tha	corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the app	oinlmē	ntas	registered	
_	iii) (S a) iiilicar Weltr	i, and accept to	ne oringations	oi, ci	.0000, 1	ionica c	tttate	J.							
SIGNATURE	Signature, typed or	printed name of reç	estered agent and	tile il ap	pricable (NO	OTE Regist	erco Agr	ont sign	ature requ	uired when reinstating)	DATE				
12.		OFFIC	ERS AND DIR	RECTO		1:	3.			ADDITIONS/CHANGES TO OFFIC	ERS AND				
TITLE	DP				DELETE	1.	TITLE					Cha	ange	Addition	
NAME		DONALD P.				1.	NAME								
STREET ADDRESS		6. 9 2 EAST				1.	STREET	ADDRE	SS						
CITY-ST-ZIP	SEFFNER	FL 33584				1.	1 CHY - S	1 - 7(P		-1-2		Tree.			
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CITY-ST-ZIP	SEFFNER	FL 33584					4 CITY-	ST-ZIP		SOLLNER, PIS	3127			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
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NAME							2 NAME	L ADDO							
STREET ADDRESS							SIREE1		:55						
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NAME .							2 MAINE. 3 STREE!	ADDO	:ec						
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1							s NAME 3 STREET	I ANDOI	: < 6						
STREET ADDRESS									.55						
CITY-ST-ZIP	by costifu that	the information	e marshed with	, thin f	Jing dogs set out		1 CITY-S		nn etate	ed to Section 119.07(3)(i). Florida Statute	e Í further	certify	that	the	

OF Supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that in outly receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name due on an attachment with an address. information indicated on this annual report of a man an officer or director of the corporation of appears in Block 12 or Block 13 if charged.