SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:16

DOCUMENT # **J33047** **(8)**

1. Corporation Name
EXECUTIVE ADJUSTERS/APPRAISERS, INC.

Principal Place of Business	Mailing Address
1395 KETTLE DRUM TRAIL P.O. BOX 4037 ENTERPRISE FL 32725	1395 KETTLE DRUM TRAIL P.O. BOX 4037 ENTERPRISE FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1986
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21 27 E. Broad Street
22 Suite, Apt. #, etc.
23 City & State: Titusville, Florida
24 Zip: 32796
25 County: Brevard

2a. Mailing Address
26 P.O. Box 6056
27 Suite, Apt. #, etc.
28 City & State: Titusville, Florida
29 Zip: 32782
30 County: Brevard

4. FEI Number: NOT APPLICABLE ☐ 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

ORCUTT, STEVE
1395 KETTLEDRUM TRAIL
ENTERPRISC FL 32725

10. Name and Address of New Registered Agent

81 Name: Orcutt, Steve
82 Street Address (P.O. Box Number is Not Acceptable): 27 E. Broad Street
83
84 City: Titusville FL 85 Zip Code: 32796

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	ORCUTT, STEVE	12 NAME	Orcutt, Steve	
STREET ADDRESS	1395 KETTLEDRUM TRAIL	13 STREET ADDRESS	27 E. Broad Street	
CITY-ST-ZIP	ENTERPRISC FL	14 CITY-ST-ZIP	Titusville, Florida 32796	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Steve Orcutt 6/10/95 (407) 383-8305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

013B30 FP