

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K11015 (0)**
1. Corporation Name
APPRAISALS BY JAMES M. JOSEPH, INCORPORATED



Principal Place of Business
**2647 POST ST
JACKSONVILLE FL 32204**

Mailing Address
**2647 POST ST
JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified **01/05/1988** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2868740** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**JOSEPH, JAMES M.
2647 POST STREET
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

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 *James M. Joseph* **JAMES M. JOSEPH** PRESIDENT

4-12-96

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	JOSEPH, JAMES M.	
STREET ADDRESS	2647 POST ST	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VSD	☐ DELETE
NAME	JOSEPH, CLARA M.	
STREET ADDRESS	2647 POST ST	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. 1. TITLE	☐ Change ☐ Addition
6. 2. NAME	
7. 3. STREET ADDRESS	
8. 4. CITY-STATE-ZIP	
9. 1. TITLE	☐ Change ☐ Addition
10. 2. NAME	
11. 3. STREET ADDRESS	
12. 4. CITY-STATE-ZIP	
13. 1. TITLE	☐ Change ☐ Addition
14. 2. NAME	
15. 3. STREET ADDRESS	
16. 4. CITY-STATE-ZIP	
17. 1. TITLE	☐ Change ☐ Addition
18. 2. NAME	
19. 3. STREET ADDRESS	
20. 4. CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James M. Joseph

JAMES M. JOSEPH

4-12-96

904-389-2721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

LOGGING FEE: \$

CR2E034 (12/95)