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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K51622

BREDESEN APPRAISAL SERVICE, INC.

Principal Place of Business Mailing Address						1 (SSIBIL) BEL GILET, IVALA BILLA JIBIG IVAL	.,.,,			
108-A OLEANDI %CHRIS BREDE		108-A OLEANDER DRIVE %CHRIS BREDESEN PANAMA CITY REACH FL 32				DO NOT WRITE IN THIS SPACE				
TANAMA OTT	DENOTTE GEATO	THE MAN SHOW TO SELECT THE SELECT				3. Date Incorporated or Qualifed 12/15/1988				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied F			d For	
21		26	<u> </u>			59-2929138	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	е	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 3	Zip Country 30			8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered	Agent			
			1	81	Name					
Bredesen, Chris 108-a Olenader dr. Panama City Beach FL 32413				82	Street Add	ess (P.O. Box Number is Not Acceptable)				
				83						
				84	City	Fi	85 Z	ip Cod	e	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was aut utions of, Section 607.0505, Florid	horized da Statu	by tes.	ine corporat	poration submits this statement for the purpose or ion's board of directors. I hereby accept the appo	intment as	registe	ered	
Organization (Appello)				egistered Agent signature required 13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS	IN 12	
12.	DST OFFICERS AN	DELETE				ADDITIONS/CHANGES TO CIT IDENO A	Chang		Addition	
TITLE	BREDESEN, CHRIS	☐ DELETE 1.1 T					_ `			
NAME	100 4 OLEMANED DD	· ·			ADDOESS					
STREET ADDRESS				1.3 STREET ADDRESS					{	
CITY-ST-ZIP TITLE	PANAMA CITT BCT. FE			1.4 CHY-ST-ZIP 2.1 TITLE			Chang	ge [Addition	
	BDEDESEN CADI C			2.2 NAME				-	_ ,	
NAME	Briebedert, Orace o.									
STREET ADDRESS	108-A OLEANDER DR. PANAMA CITY BEACH FL			2.3 STREET ADDRESS						
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP 3.1 TITLE			Chang	ge [Addition	
TITLE	I			2 NAME			_ `		- i	
NAME			ľ		ADDRESS					
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						
CITY-ST-ZIP			4,1 TITI				☐ Chane	qe	Addition	
TITLE		U. DELET	4.1 INCE						_	
NAME					ADDOCCC					
STREET ADDRESS				3 STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE		1-211		☐ Chang	ge f	Addition	
TITLE		C DELETE	5.1 HILE 5.2 NAME							
NAME					ADDRESS				_	
- STREET ADDRESS			5.4 CIT			of the second of		-		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT				☐ Chang	ge ſ	Addition	
NAME	!		6.2 NA					• '	_	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

850-234-8107

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90142 029 ***150.00