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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L51592** **(8)**

1. Corporation Name

ROCHE APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address
5124 CENTENNIAL ~~TALLAHASSEE FL 32308-5858~~ US	5124 CENTENNIAL OAK CIRCLE ~~TALLAHASSEE FL 32308-5858~~ US

2. Principal Place of Business	2a. Mailing Address
21 4226 BEN BLVD.	26 4226 BEN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 TALLAHASSEE FLA	28 TALLAHASSEE FLA
Zip / Country	Zip / Country
24 32303 / 25 LEON	29 32303 / 30 LEON

3. Date Incorporated or Qualified	3a. Date of Last Report
02/21/1990	03/21/1995
4. FEI Number: 59-3015154	☐ 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

ROCHE, WALTER L.
~~5124 CENTENNIAL OAK CIR.~~
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4226 BEN BOULEVARD

83

84 City: TALLAHASSEE **FL** 85 Zip Code: 32303

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: Walter L. Roche — 4-7-96
Signature, typed or printed name of registered agent — (Title, if Registered Agent is an officer or principal of the corporation) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCHE, WALTER L. ~~5124 CENTENNIAL OAK CIR.~~ TALLAHASSEE FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SAME 4226 BEN BOULEVARD TALLAHASSEE FLA ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCHE, JAN B. ~~5124 CENTENNIAL OAK CIR.~~ TALLAHASSEE FL ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SAME 4226 BEN BOULEVARD TALLAHASSEE FLA ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Walter L. Roche — 4-7-96 — 514-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER L. ROCHE