

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000008024 (1)**

1. Corporation Name:  
**TRI-COUNTY APPRAISAL, INC.**



Principal Place of Business

**2488 E. MICHIGAN ST.  
ORLANDO FL 32806**

Mailing Address

**2488 E. MICHIGAN STREET  
ORLANDO FL 32806  
US**

2. Principal Place of Business

2a. Mailing Address

21 | **1456 E. Michigan St.**

26 | **1456 E. Michigan St.**

22 | City & State:  
**Orlando FL**

27 | City & State:  
**Orlando FL**

24 | **32806** | 25 | **USA**

29 | **32806** | 30 | **USA**

9. Name and Address of Current Registered Agent

**HILL, LISA G  
1229 PATHWAY DRIVE  
ORLANDO FL 32825**

3. Date Incorporated or Qualified <b>11/30/1992</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>59-3156178</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.036, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 607.1504, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HILL, LISA G</b>	
STREET ADDRESS	<b>1229 PATHWAY DRIVE</b>	
CITY-STATE-ZIP	<b>ORLANDO FL 32825</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>223 Prairie Dune Way</b>	
STREET ADDRESS	<b>Orlando FL 32826</b>	
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is true and correct, and I do not and qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement 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 a shareholder authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. If you are an attorney at law, your address is:

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96  
407-897-8000  
407-897-7000

CR2E034 (12/95)