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FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000008024 (1)**

1. Corporation Name

**TRI-COUNTY APPRAISAL, INC.**

Principal Place of Business

**1456 E MICHIGAN ST  
ORLANDO FL 32806  
US**

Mailing Address

**1456 E MICHIGAN ST  
ORLANDO FL 32806  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/30/1992**

4. FEI Number

**59-3156178**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **223 Prairie Dune Way**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **WIA**

27

City & State

City & State

23 **Orlando, FL**

28

Zip Country

Zip Country

24 **32828** 25 **USA**

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, LISA G  
223 PRAIRIE DUNE WAY  
ORLANDO FL 32828**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HILL, LISA G**  
STREET ADDRESS **223 PRAIRIE DUNE WAY**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

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