FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAIL

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000001056 (9)

1. Corporation Name
ZAC RYAN APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address
2152 WINCHESTER ROAD GREEN COVE SPRINGS FL 32043	2152 WINCHESTER ROAD GREEN COVE SPRINGS FL 32043

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1327 Lake Asbury Dr.
Suite, Apt. #, etc.
22: Green Cove Sp. FL.
City & State
23:
Zip 24: 32043 County 25: USA

2a. Mailing Address
26: 1327 Lake Asbury Dr.
Suite, Apt. #, etc.
27:
City & State
28: Green Cove Sp. FL.
Zip 29: 32043 Country 30: USA

4. FEI Number: 59-3155722 ☐ 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

RYAN, ZAC
2152 WINCHESTER ROAD
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

01 Name: Ryan, Zac
02 Street Address (P.O. Box Number is Not Acceptable): 1327 Lake Asbury Dr.
03:
04 City: Green Cove Springs FL 05 Zip Code: 32043

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: Zac R. Ryan — 5/12/95
Signature, typed or printed name of registered agent and title, if applicable — DATE (Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVTS	11 TITLE		☒ Change ☐ Addition
NAME	RYAN ZAC E.W.	12 NAME		
STREET ADDRESS	2152 WINCHESTER RD.	13 STREET ADDRESS	1327 Lake Asbury Dr	
CITY ST ZIP	GREEN COVE SPRINGS FL	14 CITY ST ZIP	Green Cove Sp. FL. 32043	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	RYAN JEANNIE S.	22 NAME		
STREET ADDRESS	2152 WINCHESTER RD.	23 STREET ADDRESS	1327 Lake Asbury Dr.	
CITY ST ZIP	GREEN COVE SPRINGS FL	24 CITY ST ZIP	Green Cove Sp. FL. 32043	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST 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)(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 the 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: Zac R. Ryan — 5/1/95 — (904) 282-9751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401021 FP