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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000001056 (9)**

1. Corporation Name

ZAC RYAN APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address
1327 LAKE ASBURY DR GREEN COVE SPRINGS FL 32043 US	1327 LAKE ASBURY DR GREEN COVE SPRINGS FL 32043 US

3. Date Incorporated or Qualified: 01/04/1993

3a. Date of Last Report: 05/01/1995

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

2. Principal Place of Business	2a. Mailing Address
21 256 Lake Asbury Dr.	26 256 Lake Asbury Dr.
Suite, Apt. #, etc 22 Green Cove Sp., FL.	Suite, Apt. #, etc 27 Green Cove Sp., FL.
City & State 23	City & State 28
Zip 24 32043 Country 25 USA	Zip 29 32043 Country 30 USA

9. Name and Address of Current Registered Agent

RYAN, ZAC
1327 LAKE ASBURY DR
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name: Ryan, Zac
82 Street Address (P.O. Box Number is Not Acceptable): 256 Lake Asbury Dr.
83 Green Cove Sp., FL.
84 City: FL 85 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 _____ (Signature, typed or printed name of registered agent, and title, if applicable) (Date) (Required if the registered agent is changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVTS	☐ DELETE	1.1 TITLE	PVTS	☒ Change ☐ Addition
NAME	RYAN ZAC E.W.		1.2 NAME	Ryan, Zac E.W.	
STREET ADDRESS	1327 LAKE ASBURY DR		1.3 STREET ADDRESS	256 Lake Asbury Dr	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1.4 CITY-ST-ZIP	Green Cove Sp, FL	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	RYAN JEANNIE S.		2.2 NAME	Ryan, Jeannie S.	
STREET ADDRESS	1327 LAKE ASBURY DR		2.3 STREET ADDRESS	256 Lake Asbury Dr	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		2.4 CITY-ST-ZIP	Green Cove Sp., FL. 32043	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(k), 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: Zac E. Ryan Zac E. Ryan President 5/15/96 (904) 282-9751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #