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PROFIT CORPORATION ANNUAL REPORT



TEORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9300005888 (1)

FILED Feb 25 1998 8:00am Secretary of State

35 DARR SMITH APPRAISAL SERVICE INC. Principal Place of Business Mailing Address PO BOX 5128 5 SW 2ND PL GAINESVILLE FL 32601 GAINESVILLE FL 32602 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3162961 21 26 Not Applicable Suite, Apt #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 6. This corporation owes or has paid the current year Intangible 3262 Yes 24 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DARR, RICHARD E 3735 SW 2ND PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32607** 83 City 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 1 TITLE Change Addition DARR, RICHARD E NAME 1.2 NAME 3735 SW 2ND PLACE 1.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL** 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition TITLE DELETE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-2IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4 1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-ZIP

14. I hereby certify that the information sets for with this fling 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 production and all 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 an officer or director of the corporation of

SIGNATURE:

Bichard Dorr Resident

02/20/98 352-378-996

RZE034 (10/97)