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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

11419 - 47TH AVENUE NORTH

1996

Principal Place of Business

11419 - 47TH AVENUE NORTH

P93000044465 (1)

DOCUMENT #

ROLLINS APPRAISALS, INC.

Mailing Address

ST. PETERSBURG FL 33708		ST. PETERSBURG FL 33708									
						3.	Date Incorporated or Qualified 06/18/1993	3a. Date	5/01/1	995	
2. Princ	pal Place of Business	2a. Mailing Address 26				4.	FEI Number 59-3185193			Applied For Not Applicable	
Suite	. Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired			5 Additional Required		
City 8	8 State	City & State				6.	Election Campaign Financing Trust Fund Contribution			0 May Be	
Z(j)	Country					8. This corporation has liability in intangible tax under s 199.032,				199.032,	
24	25					Fiorida Statutes Yes No 10. Name and Address of New Registered Agent					
	9. Name and Address of Curren	t Hegistered Agent		81	Name	10.	Name and Address of New H	egistered A	gent		
F	ROLLINS, RICHARD E										
	1419 - 47TH AVENUE NORTH			82	Street Addre	Address (P.O. Bax Number is Not Acceptable)					
	ST. PETERSBURG FL 33708			83							
				84	City				85 Z	ip Code	
<u>-</u>								FL	<u> </u>		
Or B	suant to the provisions of Sections 607.0502 egistered agent, or both, in the State of Floric ill ar with, and accept the obligations of, Secti	la. Such change was authorize	ed by the c	orpx	nameo corpora oration's boari	ation s d of di	submits this statement for the pur irectors. I hereby accept the appo	pose of char pintment as r	egistere	d agent. I am	
SIGNAT	URFSignature, typical or pricondinance of registers diagont		ir naana		it signature recjuired	Santan en	horistos	DATE			
12.	OFFICERS AND		13.	Agen	rt ad raine actorien		ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12	
TILLE		DELETE	111	ITLE	· · · · · · · · · · · · · · · · · · ·				Change	Addition	
NAME	ROLLINS, RICHARD E		12 N/	AME							
STHELLAD	11419 - 47TH AVENUE NO		1351	TREFT	ADDRESS						
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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). Forida 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 13 if any iged, or on an attachment with an andress. SIGNATURE: >