## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000044465 (1)

ROLLINS APPRAISALS, INC.

Principal Piace of Business Mailing Address 11419 . 47TH AVENUE NORTH 11419 - 47TH AVENUE NORTH ST. PETERSBURG FL 33708-2703 ST. PETERSBURG FL 33708 3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1993 03/15/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3185193 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, 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 Trust Fund Contribution Added to Fees 23 28 Country Zω Zip Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROLLINS, RICHARD E 11419 - 47TH AVENUE NORTH 62 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33708 83 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, typical or printed name of regishired agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change Addition 1.1 TITLE THEF ROLLINS, RICHARD E NAME 1.2 NAME 11419 - 47TH AVENUE NORTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33708 1.4 CITY-ST-ZIP CITY-ST-Change DELETE Addition 2.1 TITLE THUE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-S1-ZP DELETE Addition Change 4.1 TITLE THILE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-SY-ZIP CITY - ST - ZIF DELETE Change Addition THLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

**FILED** Feb 05 1997 8:00am Secretary of State

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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 Approximation or the Approximation or the Approximation of the Approximatio appears in Block 12 or Block

CITY - S1 - ZIF