SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000047260 (3)**

1. Corporation Name
MOODY APPRAISAL, INC.

Principal Place of Business	Mailing Address
7530 MERRILL RD SUITE 5 JACKSONVILLE FL 32244	7530 MERRILL RD SUITE 5 JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business — 21: Correct; 22: Suite, Apt. #, etc.; 23: City & State; 24: 32277-3785; 25: U.S.A.
2a. Mailing Address — 26: Correct; 27: Suite, Apt. #, etc.; 28: City & State; 29: 32277-3785; 30: U.S.A

4. FEI Number: 59-3189383 ☐ 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

MOODY, CARL E
~~7532 MAYAPPLE RD~~
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 7530 Merrill Rd. #5
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32277-3785

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: N/A — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	MOODY, CARL E	1.2 NAME	
STREET ADDRESS	~~7532 MAYAPPLE RD~~ 7530 Merrill Rd Suite 5	1.3 STREET ADDRESS	7530 Merrill Rd #5
CITY-ST-ZIP	JACKSONVILLE FL 32244 Jax, Fla 32277-3785	1.4 CITY-ST-ZIP	Jax., Fla 32277-3785
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	STAHLY, SUSAN	2.2 NAME	
STREET ADDRESS	~~MAYAPPLE ROAD~~	2.3 STREET ADDRESS	7530 Merrill Rd. #5
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP	Jax., Fla 32277-3785
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS	7530 Merrill Rd	3.3 STREET ADDRESS	
CITY-ST-ZIP	Suite #5	3.4 CITY-ST-ZIP	
TITLE	Jax., Fla 32277-3785	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 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: Carl E. Moody — 9-07-95 — 743-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARL E. Moody

0127706 FP