FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000063297 (4)**

1. Corporation Name

FOOTE APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address
8466 N LOCKWOOD RIDGE RD SUITE 307 SARASOTA FL 34243	8466 N LOCKWOOD RIDGE RD SUITE 307 SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1993**

3a. Date of Last Report: **05/23/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

ZIP — 24 / 29

County — 25 / 30

4. FEI Number: **65-0434810** ☐ 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

FOOTE, MARCIA L
5813 MERION WAY
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

(If changing Registered Agent, Registered Agent must sign above.) (If changing Registered Agent, new Registered Agent must sign above.) (Date)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
1. TITLE	D	1. TITLE	☐ Change ☐ Addition
1. NAME	FOOTE, MARCIA L	1. NAME	
1. STREET ADDRESS	5813 MERION WAY	1. STREET ADDRESS	
1. CITY-ST-ZIP	SARASOTA FL 34243	1. CITY-ST-ZIP	
2. TITLE		2. TITLE	☐ Change ☐ Addition
2. NAME		2. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
2. CITY-ST-ZIP		2. CITY-ST-ZIP	
3. TITLE		3. TITLE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY-ST-ZIP		3. CITY-ST-ZIP	
4. TITLE		4. TITLE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY-ST-ZIP		4. CITY-ST-ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY-ST-ZIP		5. CITY-ST-ZIP	
6. TITLE		6. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY-ST-ZIP		6. CITY-ST-ZIP	

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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: [signature] Marcia L. Foote 5/1/95 813 359-5904

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

0346770 CP