FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000070476 (5)**

1. Corporation Name

A J & C APPRAISING INC.

Principal Place of Business
~~5009 W NASSAU STR~~
~~TAMPA FL 33607~~
US

Mailing Address
~~5009 W NASSAU STR~~
~~TAMPA FL 33607~~
US

2. Principal Place of Business
21 2005 PAN AM CIRCLE
Suite, Apt. #, etc. 22 500
City & State 23 TAMPA FLA
Zip 24 33607 Country 25 H/USB

2a. Mailing Address
26 2005 PAN AM CIRCLE
Suite, Apt. #, etc. 27 500
City & State 28 TAMPA FLA
Zip 29 33607 Country 30 H/USB

3. Date Incorporated or Qualified: **10/04/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3206138** ☐ 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**

JARVIS, ABBIE J
~~5009 W NASSAU STR~~
~~TAMPA FL 33607~~

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2005 PAN AM CIRCLE
83 SUITE 500
84 City TAMPA **FL** 85 Zip Code 33607

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 ____________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	JARVIS, ABBIE J	
STREET ADDRESS	5009 W NASSAU STR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	CORNELIUS, JUDITH G	
STREET ADDRESS	5009 W NASSAU STR	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2005 PAN AM CIRCLE #500	
1.4 CITY-ST-ZIP	TAMPA FL 33607	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2005 PAN AM CIRCLE #500	
2.4 CITY-ST-ZIP	TAMPA FL 33607	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: Judith Cornelius
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 Date

813-876-7223 Daytime Phone #

CR2E034 (12/95)