

**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 # P94000017696 (3)

1. Corporation Name

APPRAISAL GROUP OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

2737-C CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

2737-C CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified  
03/08/1994

3a. Date of Last Report  
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 3329 Dartmoor Court

26 3329 Dartmoor Ct.

4. FEI Number

59-3228241

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32312

25 USA

29 32312

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, CYNTHIA H  
2737-C CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME WRIGHT, CYNTHIA H.  
STREET ADDRESS 2737-C CAPITAL CIRCLE NE  
CITY-ST-ZIP TALLAHASSEE FL  DELETE

1.1 TITLE  Change  Addition

TITLE  DELETE

1.2 NAME

TITLE  DELETE

1.3 STREET ADDRESS

TITLE  DELETE

1.4 CITY-ST-ZIP

TITLE  DELETE

2.1 TITLE  Change  Addition

TITLE  DELETE

2.2 NAME

TITLE  DELETE

2.3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY-ST-ZIP

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:

Cynthia H. Wright Cynthia H. Wright Pres.

Date

Daytime Phone #

4/30/96

904-385-3695

CR2E034 (12/95)