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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021757 (7)

MID-FLORIDA APPRAISAL, INC.

Principal Place of Business

FILED Apr 27 1998 8:00am Secretary of State



Mailing Address 500 N. MAITLAND BLVD 4500 N. MAITLAND BLVD MAITLAND FL 32751 MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 109 E. Crystal Lake Ave 26 109 B. Crystal Lake Ave 59-3231821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 50,te 207 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Seminal-8. This corporation owes or has paid the current year Intangible <u>Seminole</u> Personal Property Tax due June 30. Yes Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 BATTLE, DAVID O JR 500N. MAJTLAND BLVD, #209 82 (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 Mense 83 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 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 signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE TITLE Battle, David O. Jr. 109 E Crystal Lake Avenue, Suite 207 BATTLE, DAVID O JR NAME 1.2 NAME 500 N. MAITLAND BLVD 1.3 STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 1.4 CITY-ST-ZIP Lake Mory, FL 32746 CITY-ST-ZIP TITLE DELETE 2.1 TITLE SMITH, KEITH D NAME 2.2 NAME 125 E. GRANADA BLVD STREET ADDRESS 2.3 STREET ADDRESS **ORMOND BEACH FL 32176** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$T - ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City-St-ZiP CITY-ST-ZIP

14. I 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 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: 人

1-26-98

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