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Mar 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000095458 (2)

1. Corporation Name  
FIRST APPRAISAL SERVICES OF TALLAHASSEE, INC.

Principal Place of Business  
2917 LIVINGSTON RD.  
TALLAHASSEE FL 32303

Mailing Address  
2917 LIVINGSTON RD.  
TALLAHASSEE FL 32303-3020



2. Principal Place of Business

21 3375 Capital Circle NE  
Suite, Apt. #, etc.

22 H-2

23 Tallahassee, FL  
City & State

24 32308 USA  
Zip Country

2a. Mailing Address

26 P.O. Box 14173  
Suite, Apt. #, etc.

27  
28 Tallahassee, FL  
City & State

29 32317 USA  
Zip Country

3. Date Incorporated or Qualified  
01/02/1996

3a. Date of Last Report

4. FEI Number

59-3349582

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

DE LUCA, RICHARD  
2917 LIVINGSTON RD.  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name De Luca, Richard

82 Street Address (P.O. Box Number is Not Acceptable)  
3258 Citation Trail

83

84 City Tallahassee

FL

85 Zip Code 32308

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, 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 of director, president, or registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DE LUCA, RICHARD  
STREET ADDRESS 2917 LIVINGSTON RD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-97 904-553-9134

CR2E034 (9/96)