FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P96000036678 (6) MANNING APPRAISAL GROUP, INC. Principal Place of Business Mailing Address 1534 HOLLY OAKS LAKE RD W 1534 HOLLY OAKS LAKE RD W JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1996 2. Principal Place of Business
21 13013 Loblo V COURT

Suite, Apt. #, etc. 20, 320 19 1000 Olly COVET 4. FEI Number Applied For 59-3370669 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MANNING, STEPHEN A tephen 1534 HOLLY OAKS LAKE RD W 82 O. Box Number is JACKSONVILLE FL 32225 83 KSONVILLE 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 of process. I help by accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes. PRESIDE UT Vianning stered agent and title ine SIGNATURE Stephen (NOTE: Registered Age DATE (2/38)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change EPHEN A. MANNING CR2E034 MANNING, STEPHEN A 1.2 NAME NAME C-6 (-11Y 1534 HOLLY OAKS LAKE RD W STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32225 1.4 CITY-ST-ZIP C/TY-ST-ZIP 2.1 TITLE TITLE DELETE Change NAME Manning, sheryl w 2.2 NAME Cab I-117 COURT 13013 STREET ADDRESS 1534 HOLLY OAKS LAKE RD W 2.3 STREET ADDRESS 32246 JACK SONVILLE JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE DELETE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZiP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME

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 feceiver 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. 7-20-98 (904) 221-1864 EXTERMEN A MANNING

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP