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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000081674 (9)

BROWN & EVANICH APPRAISAL SERVICES, INC.

Principal Place of Business Mailing Address 2216 WEST PLATT STREET 2216 WEST PLATT STREET TAMPA FL 33606-1740 TAMPA FL 33606 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1996 2. Principa' Place of Business 2a. Mailing Address FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for Intangible tax under s. 199.032, 🗷 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EVANICH, CHARLES K 2216 WEST PLATT STREET Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 84 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 signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. TITLE DELETE 1.1 TITLE Change Addition NAME EVANICH, CHARLES K 1.2 NAME 2216 WEST PLATT STREET STREET ADORESS 1.3 STREET ADDRESS **TAMPA FL 33606** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE vstd 2.1 TITLE Change Addition NAME BROWN, EARL J 2.2 NAME 2216 WEST PLATT STREET STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33606** CITY - ST- ZIP 2 4 CITY-ST-ZIP DELETE THUE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS COTY - \$1 - 20F Y-ST-ZIP DELETE THE 4.1 T Change ___ Addition NAME 4.2 STREET ADDRESS ET ADDRESS 4.3 CITY ST-ZIP ST-ZIP DELETE Change TITLE 5.1 Addition

14. Ido 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 carporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name application of the receiver of the product of appears in Block 12

5.2

6.1

6.2

6.3

DELETE

T ADDRESS

ST-ZIP

EET ADDRESS

SIGNATURE

NAM:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

HARLES K. EVANICH

Change

Addition

FILED

Mar 07 1997 8:00am

Secretary of State