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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011531

1. Corporation Name MCPHAIL APPRAISAL SERVICES, INC.



Principal Place of Business 105 W WISCONSIN AVE. SUITE 205 DELAND FL 32720
Mailing Address 105 W WISCONSIN AVE. SUITE 205 DELAND FL 32720

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 105 W. Wisconsin Ave. 22 203 23 Deland, FL 24 32720 25 USA
2a. Mailing Address 26 105 W. Wisconsin Ave. 27 203 28 Deland, FL 29 32720 30 USA

3. Date Incorporated or Qualified 01/29/1997
4. FEI Number 59-3434681 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent MCPHAIL, MICHAEL L 4050 PARK AVE DELAND FL 32720

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5776 Johnson Lake Rd. 83 84 City DeLeon Springs FL 85 Zip Code 32130

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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer/director details like name, address, and title.

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, with all other files empowered.

SIGNATURE: [Signature] DATE: 4/28/99 904-738-0693

CR2E034 (11/98)