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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kacherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1

1. Corporation Name

1999

May 13, 1999 8:00 am Secretary of State

05-13-1999 90022 021 ***158.75

riorida Appraisae 1 arigarion	Inc.		
Principal Place of Business Mailing Address	<u>.</u>		
22 I Foxeroft Or. E. Palm Harbor, Florida 3468			
Polon Harlow Florida 3410	• >	DO NOT WRITE IN THI	S SPACE
Tall 1104 OUT, FLORIDA 3768	<u>ئ</u>	3. Date Incorporated or Qualifed	
		April 15,1992	
Principal Place of Business 2a. Mailing Addre	ss ,	4. FEI Number	Applied For
21		59-3439126	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e	etc.	E Contiferto of Status Desired	\$8.75 Additional
22 27		5. Certificate of Status Desired	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		Trust Fund Contribution	Added to Fees
Zip Country - Zip		8. This corporation owes the current year in	ntangible
24 25 29	30	Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered	ı Ayent
Charles W. Haynes Jr. 221 Foxcroft Dr. E. Palm Itarbor, FC 34683	l Name		
22 - 4/0 -	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
ad 1 toxeroft Ur. E.	83		
Palm 14 1 - E/ 24/82	[63]		
1011 HOUROF, PC 37683	84 City	Fi	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida	Statute the shows person agent		f changing its registered
office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of, Section 607.05	e was authorized by the corporation	on's board of directors. I hereby accept the appo	pintment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required	d when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE President DEL	ETE 1.1 TITLE		☐ Change ☐ Addition
NAME Charles W. Haynes Jr	1.2 NAME		
STREET ADDRESS 221 For a 4 4 DA E	1.3 STREET ADDRESS		
STREET ADDRESS 221 FOX anoft On E. CITY-ST-ZIP Palm Horbor, FC 34683	1.4 CITY-ST-ZIP		
TITLE TOES.	.ETE 2.1 TITLE		Change Addition
NAME Charles W. Haynes Ir	2.2 NAME		
STREET ADDRESS 221 Favor 21 ().	2.3 STREET ADDRESS		
STREET ADDRESS 221 FOXCOOFT ON E34683	2.4 CITY-ST-ZIP		
TITLE DEL	ETE 31 TITLE		Change Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS	<u> </u>	
CITY-ST-ZIP	3.4. CITY-ST-ZIP		
TITLE	ETE 41 TITLE		☐ Change ☐ Addition
NAME	4. 2 NAME		
STREET ADDRESS	4 3 STREET ADDRESS		
CITY-ST-ZIP	4 4 CITY-ST-ZIP		
TITLE	Ta l		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP			
TITLE DEL	5.4 CITY- ST-ZIP		=
	ETE 61 TITLE		☐ Change ☐ Addition
NAME	ETE 61 TITLE 6.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	ETE 61 TITLE		Change Addition

of the qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ddress, with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the re Block 12 or Block 13 if changed or on an are

SIGNATURE:

CR2E034 (11/98)