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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084714 (9)

FRAYSIER APPRAISAL SERVICES, INC.

Principal Place of Business 2321 STOCKTON DRIVE GREEN COVE SPRINGS FL 32043 Mailing Address

2321 STOCKTON DRIVE

FILED Jan 20 1998 8:00am Secretary of State



GREEN COVE SPRINGS FL 32043 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2a. Mailing Address 26 Sam C 4. FEI Number Applied For Stucktun Ur. 59-Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Green Core Springs, FL Fee Required 27 City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country This corporation owes or has paid the current year Intangible X Yes 29 24 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Same 81 FRAYSIER, R. LEE JR 2321 STOCKTON DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **GREEN COVE SPRINGS FL 32043** 83 84 City 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 ture required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE TITLE 1.2 NAME NAME 1.3 STREET ANDRESS STREET ADDRESS 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-S1-ZIF CITY-ST-ZIP Change Addition DELETE 3.1 THLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZiP DELETE 41 TILLE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIE Change DELETE Addition 511IILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - 7(P DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C/1Y - S1 - Z/P CITY-ST-ZIP

14. Thereby 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 iged, or on an attachment with an address