

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S06101 (7)

1. Corporation Name

APPRAISAL SERVICES OF CENTRAL FLORIDA, PROFESSIONAL ASSOCIATION

Principal Place of Business

ONE FLA. PARK DR NORTH, STE 101B  
PALM COAST FL 32137

Mailing Address

ONE FLA. PARK DR NORTH, STE 101B  
PALM COAST FL 32137



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1990		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3051204		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAHAM, RICHARD S. 543 S RIDGEWOOD AVE DAYTONA BEACH FL 32118				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	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 of person or persons changing office, agent, and title, if applicable)

(Signature of Registered Agent, if not the same person as above)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	
NAME	MASSIE, E. RODNEY	2. NAME	
STREET ADDRESS	935 N HALIFAX AVE #208	3. STREET ADDRESS	108 Sea Horse Ln.
CITY-ST-ZIP	DAYTONA BEACH FL	4. CITY-ST-ZIP	Jupiter, FL 33477
TITLE	DVT	5. TITLE	
NAME	NAUMAN, ROBERT B. JR	6. NAME	
STREET ADDRESS	1941 N DAYTONA AVE	7. STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	8. CITY-ST-ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Robert B. Nauman, V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (94)445-6008  
Date Daytime Filing #

CR2E034 (12/95)