

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **S78045 (9)**

95 MAY -1 PM 2: 05

1. Corporation Name
PONCE APPRAISAL AND CONSULTING SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
800 S. NOVA ROAD SUITE P ORMOND BEACH FL 32174 US
1806 N. INDIAN RIVER RD. NEW SMYRNA BEACH FL 32169 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **800 S. NOVA ROAD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

3. Date Incorporated or Qualified **09/05/1991** 3a. Date of Last Report **04/06/1994**
4. FEI Number **59-3084541** 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
7. This corporation has liability for intangible tax under C. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LOVELACE, ROBERT HENRY, JR.
1806 N. INDIAN RIVER RD.
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE **POT**
NAME **LOVELACE, ROBERT H JR.**
STREET ADDRESS **1806 N. INDIAN RIVER RD.**
CITY - ST - ZIP **NEW SMYRNA BEACH FL**
TITLE **DAT**
NAME **LOVELACE, KATRINA M.**
STREET ADDRESS **1806 N. INDIAN RIVER RD.**
CITY - ST - ZIP **NEW SMYRNA BCH FL**
TITLE **S**
NAME **LOVELACE, KATRINA M.**
STREET ADDRESS **1806 N. INDIAN RIVER RD.**
CITY - ST - ZIP **NEW SMYRNA BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(K), Florida Statutes. I further certify that the information in 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 H Lovelace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR

4/26/95 904 677 1080
DATE TIME