FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 27 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35248 (6)

1. Corporation Name
ATLANTIC APPRAISAL CORPORATION

Principal Place of Business	Mailing Address
374 S. ATLANTIC AVENUE ORMOND BEACH FL 32176	374 S. ATLANTIC AVENUE ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1992
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26 444 SEABREEZE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 800
City & State 23	City & State 28 DAYTONA BCH, FL
Zip 24 / Country 25	Zip 29 32118 / Country 30 USA

4. FEI Number: 59-3124391 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANDERSON, RONALD F. 444 SEABREEZE BLVD. SUITE 620 DAYTONA BEACH FL 32118	81 Name: Scott R. Rost 82 Street Address (P.O. Box Number is Not Acceptable): 444 SEABREEZE BLVD. 83: Suite 800 84 City: DAYTONA BCH FL 85 Zip Code: 32118

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] 3/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODRICH, JOHN	1.2 NAME	
STREET ADDRESS	374 S. ATLANTIC AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BUCKLEY, NEIL A.	2.2 NAME	
STREET ADDRESS	2801 N. HALIFAX, #136	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	RESIGNED AS DIRECTOR 1-17-95
TITLE	VP,S,T	3.1 TITLE	☐ Change ☑ Addition
NAME	Whalen, Ann M.	3.2 NAME	
STREET ADDRESS	374 S. Atlantic Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ormond BEACH, FL.	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I (We) 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)(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.

SIGNATURE: John K. Goodrich 3/22/95 904 677-8925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #