

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V38171 (7)**
1. Corporation Name
PIERSOL APPRAISAL SERVICE, INC.



Principal Place of Business: **206 EAST 6TH AVE TALLAHASSEE FL 32303**
Mailing Address: **206 EAST 6TH AVE TALLAHASSEE FL 32303**

2. Principal Place of Business
21 **2400 SE FEDERAL HWY**
Suite, Apt. #, etc.
22 **SUITE 220**
City & State
23 **STUART, FLORIDA**
Zip Country
24 **34994** 25 **MARTIN**
26 **2400 SE FEDERAL HWY.**
Suite, Apt. #, etc.
27 **SUITE 220**
City & State
28 **STUART, FLORIDA**
Zip Country
29 **34994** 30 **MARTIN**

3. Date Incorporated or Qualified: **05/22/1992**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-3124032**
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
ROUSE, KENNETH
206 EAST 6TH AVE
TALLAHASSEE FL 32303
10. Name and Address of New Registered Agent: **RRH**
81 Name: **RONALD R. HANLON**
82 Street Address (P.O. Box Number is Not Acceptable): **2400 SE FEDERAL HWY**
83 **SUITE 220**
84 City: **STUART** FL 85 Zip Code: **34994**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Ronald R. Hanlon* **RONALD R. HANLON** **03/29/96**
Signature, typed or printed name of registered agent (to be filled in by agent)
(Name, Registered Agent's, and Date of Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	<input type="checkbox"/> DELETE	1. TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BROXTON, ROBERT E		2. NAME: BROXTON, ROBERT E	
STREET ADDRESS: 4015 CLUB HOUSE PLACE		3. STREET ADDRESS: 2400 SE FEDERAL HWY., SUITE 220	
CITY-STATE-ZIP: STUART FL		4. CITY-STATE-ZIP: STUART, FLORIDA 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	<input checked="" type="checkbox"/> DELETE	2. TITLE: VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROUSE, KENNETH		2.2 NAME: ROUSE, KENNETH	
STREET ADDRESS: 2698 S. HANNON HILL DR.		2.3 STREET ADDRESS: TALLAHASSEE FL	
CITY-STATE-ZIP: TALLAHASSEE FL		2.4 CITY-STATE-ZIP: TALLAHASSEE FL	
TITLE: PD	<input type="checkbox"/> DELETE	3. TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DOUGLAS, H E		3.2 NAME: DOUGLAS, H.E.	
STREET ADDRESS: 8017 SE DOUBLE TREE DR.		3.3 STREET ADDRESS: 2400 SE FEDERAL HWY., SUITE 220	
CITY-STATE-ZIP: HOBE SOUND FL		3.4 CITY-STATE-ZIP: STUART, FLORIDA 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	<input type="checkbox"/> DELETE	4. TITLE: VDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BACH, LEONARD J		4.2 NAME: BACH, LEONARD J	
STREET ADDRESS: 8025 SE DOUBLE TREE DR		4.3 STREET ADDRESS: 2400 SE FEDERAL HWY., SUITE 220	
CITY-STATE-ZIP: HOBE SOUND FL		4.4 CITY-STATE-ZIP: STUART, FLORIDA 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	<input checked="" type="checkbox"/> DELETE	5. TITLE: S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STEPHENS, GAIL		5.2 NAME: STEPHENS, GAIL	
STREET ADDRESS: 1311 ELEANOR DR		5.3 STREET ADDRESS: TALLAHASSEE FL	
CITY-STATE-ZIP: TALLAHASSEE FL		5.4 CITY-STATE-ZIP: TALLAHASSEE FL	
TITLE: <input type="checkbox"/> DELETE		6. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	

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: *H.E. Douglas* **H.E. DOUGLAS** **03/29/96** **(407) 221-9010**
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)