

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # K11345 (1)**

**1. Corporation Name  
PROPERTYPRO OF TAMPA, INC.**

**Principal Place of Business Mailing Address  
3010 W. GANDY BLVD. SUITE 15 TAMPA FL 33611 US  
3010 W. GANDY BLVD. SUITE 15 TAMPA FL 33611 US**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 01/06/1988 3a. Date of Last Report 09/02/1994**  
**4. FEI Number 59-2860543 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. 190.032, Florida Statutes Yes No**

**2. Principal Place of Business 2a. Mailing Address**  
**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**  
**22 City & State 27 City & State**  
**23 Zip Country 28 Zip Country**  
**24 33611 25 29 30**

**9. Name and Address of Current Registered Agent**  
**WHITE, WALLACE, M  
3010 W. GANDY BLVD. #15  
SUITE 200  
TAMPA FL 33611**

**10. Name and Address of New Registered Agent**  
**81 Name David M. Rayburn**  
**82 Street Address (P.O. Box Number is Not Acceptable) 3010 W. Gandy Blvd. #15**  
**83**  
**84 City Tamap, FL 85 Zip Code 33611**

**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] DATE 4/13/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**12. OFFICERS AND DIRECTORS**

<b>TITLE D</b>	<b>WHITE, WALLACE, M</b>
<b>NAME</b>	<b>5401 W KENNEDY BLD #531</b>
<b>STREET ADDRESS</b>	<b>TAMPA FL</b>
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE D</b>	<b>David M. Rayburn</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>3010 W. Gandy Blvd. #15</b>	
<b>1.3 STREET ADDRESS</b>	<b>Tamap, FL 33611</b>	
<b>1.4 CITY - ST - ZIP</b>		
<b>2.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>		
<b>2.3 STREET ADDRESS</b>		
<b>2.4 CITY - ST - ZIP</b>		
<b>3.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>		
<b>3.3 STREET ADDRESS</b>		
<b>3.4 CITY - ST - ZIP</b>		
<b>4.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>		
<b>4.3 STREET ADDRESS</b>		
<b>4.4 CITY - ST - ZIP</b>		
<b>5.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>		
<b>5.3 STREET ADDRESS</b>		
<b>5.4 CITY - ST - ZIP</b>		
<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY - ST - ZIP</b>		

**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 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: [Signature] DATE 4/13/95 813/835-7747**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Corporate Name)