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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

V41478

TAX ANALYSTS ADVISORY SERVICES, INCORPORATED

Principal Place of Business 439 CAUSEWAY BLVD. SUITE A DUNEDIN FL 34698

**DUNEDIN FL 34698** 

Mailing Address

P. O. BOX 998 DUNEDIN FL 34697

		•		<ol> <li>Date Incorporated or Qualified 06/05/1992</li> </ol>	3a. Date of Last Report 06/15/1995
2. Principa	l Place of Business	2a. Mailing Addre	65	4. FEI Number	Applied For
21		26		59-3127214	Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip ≱4	Country 25	Ζιρ <b>29</b>	Country 30	This corporation has liability for in     Florida Statutes	ritangible tax under s. 199.032, ☐ No
	9. Name and Address of Co	irrent Registered Agent		10. Name and Address of New R	egistered Agent
	S, BRYAN E. CAUSEWAY BLVD. E A		<ul><li>81 Name</li><li>82 Stree</li><li>83</li></ul>	e it Address (P.O. Box Number is Not Acceptab	(e)

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. Facilities with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

Signature typed or protect on recolougistic Lagrange discrete discrete Agric Signature representative consider; DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19		
TITLE	P □ DEL	1 1 TILLE	Change Addition		
NAME	gates, Jean	1.2 NAME			
STREET ADDRESS	270 SKIFF POINT, #B-1	1.3 STEEL ADDRESS			
CITY ST-ZIP	CLEARWATER FL	1.4 City - ST Zip			
TITLE	DELI	ETE 2 1 TITLE	Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS	·		
CITY - ST - 2IP		2.4.0UY-SI-7/P			
THILE	DELI	ETE 3 1 T T L F	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 City - St - Zié			
THILE	DELE	TE 4. 1 TITLE	Change Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - S1 - ZIF		4.4 CHTY+ST-ZIP			
TOLE	□ DELI	TE 5.1 FIFLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CI <sup>‡</sup> Y +ST - ZIP		54 C TY-ST Z-P			
TITLE	DELE		Change Addition		
NAME		6.2 NAV:			
STREET ADDRESS		6.3 STREET ADDRESS			
		1	1		

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 received by Chapter 607, Florida Statutes; and that my name annex in Block 12 or Block 13 if chapter 607 are attached to the address. appears in Block 12 or Block 13 if changed, or on an attachment with an arldress

SIGNATURE:

SIGNATULE AND TYPED ORDERINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN H.GAIES

813-733-5411

85

Zip Code