FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JAN 25 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746199 (9)

1. Corporation Name
FLORIDA TAXWATCH, INC.

Principal Place of Business	Mailing Address
1114 THOMASVILLE RD. TALLAHASSEE FL 32303	P O BOX 10209 TALLAHASSEE FL 32302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1979
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-1918055 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CALABRO, DOMINIC M.
1114 THOMASVILLE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCKENZIE W GUY	1.2 NAME	LACHER JOSEPH P	
STREET ADDRESS	122 APPLEYARD DR	1.3 STREET ADDRESS	150 W.FLAGLER ST #1901	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	CALABRO, DOMINIC M.	2.2 NAME		
STREET ADDRESS	1114 THOMASVILLE RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	VCD	3.1 TITLE	VCD	☒ Change ☐ Addition
NAME	HODNETT, BYRON E	3.2 NAME	MCKENZIE W GUY	
STREET ADDRESS	225 WATER STREET	3.3 STREET ADDRESS	122 APPLEYARD DR	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MCINTOSH, DAVID	4.2 NAME	FLOOD, THOMAS J.	
STREET ADDRESS	777 S FLAGLER DR	4.3 STREET ADDRESS	3003 N.TAMIAMI TRAIL, SUITE 400	
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	CD	5.1 TITLE	CD	☒ Change ☐ Addition
NAME	HILTON, L CHARLES	5.2 NAME	HODNETT, BYRON E.	
STREET ADDRESS	4116 HWY 231 N	5.3 STREET ADDRESS	225 WATER ST., 11th FLOOR	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32231	
TITLE		6.1 TITLE	C(ELECT)D	☐ Change ☒ Addition
NAME		6.2 NAME	MCINTOSH, DAVID	
STREET ADDRESS		6.3 STREET ADDRESS	777 SUBLAGLER DRIVE, #5000WEST	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33402	

APM 1/30

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dominic M. Calabro 1/17/95 (904)222-5052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Dominic M. Calabro

0027007