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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **746199** **(9)**

1. Corporation Name

FLORIDA TAXWATCH RESEARCH INSTITUTE, INC.

Principal Place of Business	Mailing Address
1114 THOMASVILLE RD. TALLAHASSEE FL 32303	P O BOX 10209 TALLAHASSEE FL 32302-2209 US

3. Date Incorporated or Qualified: **03/09/1979**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, LOUIS E		1.2 NAME	
STREET ADDRESS	4545 PLEASANT HILL RD. #114		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	
TITLE	PDCE	☐ DELETE	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	CED	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIS, MARK C		3.2 NAME	
STREET ADDRESS	1936 GEORGE JENKINS BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33802		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	O'TOOLE, WILLIAM A		4.2 NAME	
STREET ADDRESS	P.O. BOX 10000 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		4.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCINTOSH, DAVID		5.2 NAME	
STREET ADDRESS	777 S. FLAGLER #500		5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33402		5.4 CITY-ST-ZIP	
TITLE	CED	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LACHER, JOSEPH P		6.2 NAME	
STREET ADDRESS	150 W. FLAGLER DRIVE, #1901		6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 2/7/97 904/222-5052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0006102