FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT Feb 23 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 746199 (9)FLORIDA TAXWATCH RESEARCH INSTITUTE, INC. Principal Place of Business Mailing Address 1114 THOMASVILLE RD. P O BOX 10209 3. Date Incorporated or Qualified TALLAHASSEE FL 32303 TALLAHASSEE FL 32302 03/09/1979 4. FEI Number Applied For 59-1918055 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 106 N. Bronough Street same as above 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 97 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Tallahassee, Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 32301 USA ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CALABRO, DOMINIC M
Street Address (P.O. Box Number is Not Acceptable)
106 N. BRONOUGH STREET CALABRO, DOMINIC M 82 1114 THOMASVILLE ROAD 83 TALLAHASSEE FL 32303 TALLAHASSEE, FL 32301 84 City Zip Code 32301 TALLAHASSEE, FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE 1.1 TITLE Addition TITLE SD FISCHER, LOUIS E 1.2 NAME NAME SINK, ADELAIDE A. 4545 PLEASANT HILL RD. #114 STREET ADDRESS 1.3 STREET ADDRESS 400 N.ASHLEY ST. KISSIMMEE FL CITY - ST - ZIP 1.4 City-St-ZiP TAMPA, PL 33602 PDCE DELETÉ Change Addition TITLE 2.1 TITLE CALABRO, DOMINIC M 2.2 NAME NAME STREET ADDRESS 1114 THOMASVILLE RD. 2.3 STREET ADDRESS TALLAHASSEE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE CED DELETE 3.1 TITLE Change Addition HOLLIS, MARK C NAME 3.2 NAME 1936 GEORGE JENKINS BLVD. STREET ADDRESS 3.3 STREET ADDRESS LAKELAND FL 33802 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE TD 4.1 TITLE NAME O'TOOLE, WILLIAM A 4. 2 NAME P.O BOX 10000 N/A STREET ADDRESS 4.3 STREET ADDRESS LAKE BUENA VISTA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP CD DELETE ___ Addition TITLE 5.1 TITLE MCINTOSH, DAVID NAME 5.2 NAME LACHER, JOSEPH P. 777 S. FLAGLER #500 5.3 STREET ADDRESS STREET ADDRESS 150 W.FLAGLER ST., SUITE 1901 W. PALM BEACH FL 33402 CITY-ST-ZIP 5.4 CITY - ST - ZIP MIAMI, FL33130 TITLE DELETE 6.1 TITLE ☐ Addition LACHER, JOSEPH P NAME 62 NAME DOUGLAS, T.O'NEAL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Plorida 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.

6.3 STREET ADDRESS

m (-10,000 CIGNATURE.

150 W. FLAGLER DRIVE, #1901

WEST PALM BEACH FL 33402

STREET ADDRESS

2/17/98

1776 AMERICAN HERITAGE LIFE DRIVE