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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746199

1. Corporation Name
FLORIDA TAXWATCH RESEARCH INSTITUTE, INC.

Principal Place of Business	Mailing Address
106 N BRONOUGH ST TALLAHASSEE FL 32301 US	P O BOX 10209 TALLAHASSEE FL 32302 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/09/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1918055 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CALABRO, DOMINIC M 106 N BRONOUGH ST TALLAHASSEE FL 32301	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	SINK, ADELAIDE A		1.2 NAME	
STREET ADDRESS	400 N ASHLEY ST		1.3 STREET ADDRESS	50 N. Laura Street, 42 Floor
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	PDCE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CALABRO, DOMINIC M		2.2 NAME	
STREET ADDRESS	1114 THOMASVILLE RD.		2.3 STREET ADDRESS	106 N. Bronough St.
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32301
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		4.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LACHER, JOSEPH P		5.2 NAME	
STREET ADDRESS	150 W FLAGLER ST SUITE 1901		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130		5.4 CITY-ST-ZIP	
TITLE	CED	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	O'NEAL, DOUGLAS T		6.2 NAME	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: /s/ SIGNATURE REQUIRED 1-19-99 (850) 222-5052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #