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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:11

DOCUMENT # **N23511** **(1)**

1. Corporation Name
CHARLOTTE COUNTY TAX WATCH, INC.

Principal Place of Business	Mailing Address
PO BOX 2621 PORT CHARLOTTE FL 33949	PO BOX 2621 PORT CHARLOTTE FL 33949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1987
3a. Date of Last Report: 03/30/1994
4. FEI Number: NOT APPLICABLE ☐ 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 ☒ **$60.75** 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BARBER PETER~~ ~~224 YELLOW ELDER~~ ~~PUNTA GORDA FL 33955~~	81 Name: SOBELMAN, SEMME Z. 82 Street Address (P.O. Box Number is Not Acceptable): 2466 NEWBURY STREET 83 84 City: PORT CHARLOTTE FL 85 Zip Code: 33952

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: Semme J. Sobelman 3/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BEAGLE, JOHN S.	1.2 NAME		
STREET ADDRESS	380 CAPRI ISLES CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SOBELMAN, SID	2.2 NAME		
STREET ADDRESS	663 NEWBURY ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP		
TITLE	~~P~~	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	~~SEILER, DONALD~~	3.2 NAME	SEILER, DONALD	
STREET ADDRESS	~~710 BAYARD CT~~	3.3 STREET ADDRESS	719 BAYARD CT	
CITY-ST-ZIP	~~PT CHARLOTTE FL~~	3.4 CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	~~VD~~	4.1 TITLE	P	☒ Change ☐ Addition
NAME	~~MCCRILLIS, CARL~~	4.2 NAME	MCCRILLIS, CARL	
STREET ADDRESS	~~750 DELRAY PLACE~~	4.3 STREET ADDRESS	750 DELRAY PLACE	
CITY-ST-ZIP	~~PUNTA GORDA FL~~	4.4 CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCRILLIS, RENEE	5.2 NAME		
STREET ADDRESS	750 DELRAY PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: John S Beagle MARCH 24, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date

CONTD