

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$775)

PROFIT
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 JUL 18 AM 8:21

DOCUMENT # P09942

(4)

1. Corporation Name

REAL ESTATE TAX SERVICES, INC.

Principal Place of Business

111 W. SPRING VALLEY
P. O. BOX 832310
RICHARDSON TX 75083

Mailing Address

111 W. SPRING VALLEY
P. O. BOX 832310
RICHARDSON TX 75083

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1986

3a. Date of Last Report

06/16/1994

2. Principal Place of Business

21 5550 LBS FREEWAY

2a. Mailing Address

25 5550 LBS FREEWAY

4. FEI Number

75-1725457

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

6. This corporation has liability for intangible tax under s. 199.002,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, OSCAR
3550 W. BUSCH BLVD.
STE. 190
TAMPA FL 33618

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

Signature of person named in Block 9 as registered agent and the if applicable

(NOTE: Registered Agent signature required when instituting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
HODGES, C. LEE JR.
7107 MUMFORD COURT
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
WALKER, DONALD
10235 LAWLER ROAD
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PD
GRAEBER, KENNETH
18790 LLOYD DRIVE #422
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
MORRISON, CHET
10207 SAUSALITO
AUSTIN TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
SD
MANGINI, DANIEL
10955 YORKSPRING PLACE
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

D
TAB WEAVER
8000 Whitehawk Circle
AUSTIN, TX 78737

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel Mangini CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95

(214) 776-6002

Date

Telephone Number

DANIEL L. MANGINI