

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P09942

(4)

1. Corporation Name

REAL ESTATE TAX SERVICES, INC.



Principal Place of Business

550 LBJ FRWY  
STE 700  
DALLAS TX 75240  
US

Mailing Address

5550 LBJ FRWY  
STE 700  
DALLAS TX 75240-6261  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/29/1986

3a. Date of Last Report

07/23/1996

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

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

9. Name and Address of Current Registered Agent

HINES, CHRIS  
3112 BAY VISTA AVE. W  
TAMPA FL 33611

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	HODGES, C. LEE JR.	
STREET ADDRESS	7107 MUMFORD COURT	
CITY-ST-ZIP	DALLAS TX	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WALKER, DONALD	
STREET ADDRESS	44 DOWNS LAKE CIR.	
CITY-ST-ZIP	DALLAS TX 75230	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GRAEBER, KENNETH	
STREET ADDRESS	11407 ROTHALEN DR.	
CITY-ST-ZIP	SUGAR LAND TX 77478	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MORRISON, CHET	
STREET ADDRESS	10207 SAUSALITO	
CITY-ST-ZIP	AUSTIN TX	
TITLE	DCFO	<input type="checkbox"/> DELETE
NAME	MANGINI, DANIEL	
STREET ADDRESS	10955 YORKSPRING PLACE	
CITY-ST-ZIP	DALLAS TX 75218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, TAB	
STREET ADDRESS	8000 WHITEHAWK CIRCLE	
CITY-ST-ZIP	AUSTIN TX 78737	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:

*David Marget*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97 (972) 776-6000  
Date Daytime Phone #

CR2E034 (9/96)