FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P37734 (1)

1. Corporation Name
L & A PROPERTY TAX CONSULTANTS, INC.

Principal Place of Business
POST OFFICE BOX 1206
GRAPEVINE TX 76051

Mailing Address
POST OFFICE BOX 1206
GRAPEVINE TX 76051

3. Date Incorporated or Qualified: 03/04/1992
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business
21: P. O. Box 1190
22: Suite, Apt. #, etc.
23: City & State: Quitman Tex.
24: Zip: 75783
25: Country: USA

2a. Mailing Address
26: P. O. Box 1190
27: Suite, Apt. #, etc.
28: City & State: Quitman, Texas
29: Zip: 75783
30: Country: USA

4. FEI Number: 75-2405973 ☐ 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
JONES, A. HARMAN, JR.
405 W. AZEELE ST.
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name: A. Harman Jones Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 501 W. Horatio St.
83:
84 City: Tampa FL 85 Zip Code: 33606

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: A. HARMAN JONES, JR. 5/22/96
Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent's signature required for reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCS LUTTRELL, JAMES L. P. O. BOX 1206 N/A GRAPEVINE TX	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUTTRELL, JAMES L. P. O. BOX 1206 N/A GRAPEVINE TX	☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600001783216 -04/17/96--01015--014 ***200.00	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	4-16-96 JR	☐ Change ☐ Addition

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: X James L Luttrell JAMES L LUTTRELL 4-11-96 903-967-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)