FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060228 (1)**

1. Corporation Name
TAX CERTIFICATE INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
100 SECOND AVENUE SOUTH TWELTH FLOOR ST. PETERSBURG FL 33701	100 SECOND AVENUE SOUTH TWELTH FLOOR ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-326-2282 ☐ 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

ULRICH, ROBERT L
100 SECOND AVENUE SOUTH
TWELTH FLOOR
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: ULRICH, ROBERT L
82 Street Address (P.O. Box Number is Not Acceptable): BARNETT TOWER
83: ONE PROGRESS PLAZA, SUITE 2300
84 City: ST. PETERSBURG 85 FL Zip Code: 33701

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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ULRICH, ROBERT L	1.2 NAME	
STREET ADDRESS	215 26TH AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HERR, KENT R	2.2 NAME	
STREET ADDRESS	2901 60TH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PRITCHARD, HOWARD M	3.2 NAME	
STREET ADDRESS	163 CHUNILOTI WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUDEN TN 37774	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	NASH, BRUCE J	4.2 NAME	NASH BRUCE J
STREET ADDRESS	5254 VENICE WAY NE	4.3 STREET ADDRESS	4000 E. SOUTHPORT RD SUITE 120
CITY-ST-ZIP	ST. PETERSBURG FL 33703	4.4 CITY-ST-ZIP	INDIANAPOLIS IN. 46237
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: B.J. Nash BRUCE J. NASH 1-20-95 317 781 6105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306240 CP