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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000075237 (3)**

FIDUCIARY TAX MANAGEMENT, INC.

Country

9. Name and Address of Current Registered Agent

4740 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813

2. Principa! Place of Business

DEADLEY DENING E

Suite, Apl. #, etc

City & State

21

22

23

24

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt #, etc.

26

27

28

29

4740 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813-2187

FILED May 22 1997 8:00am Secretary of State



Yes 🗷 No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

59-3432941

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

09/09/1996

4. FEI Number

LAKELAND FL 33813				82 Street Address (P.O. Box Number is Not Acceptable)			
			84	City	FI	85 Zip C	Code
11. Fursuant 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 Specific typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS 13.						
1IILE	Ď	DELETE	1.1 THILE		P, 7, 5	Change	Addition
NAME	BEASLEY, DENNIS E	1	1.2 NAME				[3
STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD.		1.3 STREE	ADDRESS			13
CITY+ST-ZIF	LAKELAND FL 33813		1.4 CITY-:	ST-ZIP			13
TITLE		DELETE	2.1 TITLE			Change	Addition C
NAME			2.2 NAME				1
STREET ADDRESS			2.3 STREE	ADDRESS	· · · · · · · · · · · · · · · · · · ·		
City-St ZiE			2 4 CITY-	ST-ZIP			
UTLE		DELETE	31 TITLE			Change	Addition
NAME			32 NAME				}
STREET AUDRESS		I	3.3 STREE	ADDRESS			
CITY - ST - ZIP			3.4. CITY -	ST-ZIP			
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NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREE	ADDRESS			-
CITY - ST - ZIP			4.4 CITY-	ST- ZIP			
THEF		DELETE	5.1 TITLE			Change	Addition
NAME		1	52 NAME		Ì)
STREET ADDRESS			5.3 STREE	r address			
CITY - ST - 21F		<u></u>	5.4 CITY -	ST - ZIP			
111FE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				}
STREET ADDRESS		J	6.3 STREE	ADDRESS			
City - St - 7/P			6.4 CITY-		1		
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 suppliemental 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							

Country

30