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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000012329 1. Corporation Name PROFESSOR TAX OF FLORIDA, INC.			
Principal Place of Business 3501 WEST HWY 98 PANAMA CITY FL 32401		Mailing Address 3501 WEST HWY 98 PANAMA CITY FL 32401	
2. Principal Place of Business 21 <u>3501 W Hwy 98</u> 2a. Mailing Address 26 <u>3501 W. Hwy 98</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 22 _____ 27 _____ City & State City & State 23 <u>Panama City, FL</u> 28 <u>Panama City, FL</u> Zip Country Zip Country 24 <u>32401</u> 25 <u>Bay</u> 29 <u>32401</u> 30 <u>Bay</u>			
9. Name and Address of Current Registered Agent BAURLEY, PAT A 3501 WEST HWY 98 PANAMA CITY FL 32401		10. Name and Address of New Registered Agent 81 Name <u>Peggy A Duncan</u> 82 Street Address (R.O. Box Number is Not Acceptable) <u>420 N Kimbrell #31</u> 83 _____ 84 City <u>Panama City</u> FL 85 Zip Code <u>32404</u>	
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 <u>Peggy A Duncan</u> DATE <u>4/29/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <u>D</u> <input type="checkbox"/> DELETE NAME <u>BAURLEY, PAT A</u> STREET ADDRESS <u>131 N. BAY DRIVE</u> CITY-ST-ZIP <u>LYNN HAVEN FL 32444</u> TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <u>Vice President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <u>Peggy A. Duncan</u> 1.3 STREET ADDRESS <u>420 N Kimbrell #31</u> 1.4 CITY-ST-ZIP <u>Panama City FL 32404</u> 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy A Duncan 4/29/99 850-914-0999
 Date Daytime Phone

CR2E034 (11/98)