

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 # S18633 (5)

1. Corporation Name

FLORIDA PROPERTY TAX ADVISORY SERVICE, INC.



Principal Place of Business

300 31ST. ST. N.
SUITE 101
ST. PETERSBURG FL 33713

Mailing Address

300 31ST. ST. N.
SUITE 101
ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified
11/19/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3042192

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 1907 Barcelona Drive

Suite, Apt. #, etc.

22 - none -

City & State

23 Dunedin, FL

Zip

24 34698

Country

25 pinellas

2a. Mailing Address

26 1907 Barcelona Drive

Suite, Apt. #, etc.

27 - none -

City & State

28 Dunedin, FL

Zip

29 34698

Country

30 pinellas

9. Name and Address of Current Registered Agent

CLARK, BLAIR W.

300 31ST ST. N.

SUITE 101

ST. PETERSBURG FL 33713

81 Name

Waggoner, Darwin O.

82 Street Address (P.O. Box Number is Not Acceptable)

1907 Barcelona Drive

83

84 City

Dunedin

FL

85 Zip Code

34698

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, if applicable,

(NOTE: Registered Agent signature required when changing.)

Darwin O. Waggoner

4/21/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME CLARK, BLAIR W.
STREET ADDRESS 300 31ST ST. N., #101
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ DELETE

NAME THOMPSON, MARIA T
STREET ADDRESS 300 31ST ST. N., #101
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME WAGGONER, DARWIN O.
STREET ADDRESS 1907 BARCELONA DR
CITY-ST-ZIP DUNEDIN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darwin O. Waggoner

4/21/96

(213)

733-7051

CR2E034 (12/95)