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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 29 1997 8:00am

Secretary of State

POCUMENT # S18633

(5)

FLORIDA	A PROPERTY TAX ADVISOR	Y SERVICE, INC.) 	8/8/ 8/8/ 8/8/ 8/8/ 8/8/ 8/8/ 8/8/ 8/8/
Principal Place 1907 BARCELO OUTS 401 DUNEDIN FL 34 US	na dr	Mailing Address 1907 BARCELONA DRIVE SUITE 404 DUNEDIN FL 34698-2836 US			
08		0\$		3. Date Incorporated or Qualified 11/19/1990	3a. Date of Last Fleport 04/26/1996
2. Principal Pi	ace of Business Thancelowa Dr	28. Mailing Address	elona Dri	4. FEI Number 59-3042192	Applied For Not Applicable
Sulte, Apt.:	#, etc.	Suite, Apt. #, etc.	Le	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	° (1) =21	City & State	7.7	6. Election Campaign Financing	\$5.00 May Be
	Country	28 Dunedin	Country	Trust Fund Contribution	Added to Fees
Zip~3 4 (2	25 USA	29 34696		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes — XNo
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
1907 - 19 07	igoner, darwin d. ⁷ Barcelona drive 5-101. Edin Fl 34698		B2 Stree B3 B4 City	Naggorer, Davi igress IP prox Number's Not Accepta) F (V-L
SIGNATURE				orporation submits this statement for the pration's board of directors. I hereby accept	
12.	Signature, typed or printed name of registered age: OFFICERS AND		Registered Agent a gnature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ★ Addition
NAME	JÚDITH L. WAGGONER 1907 BARCELONA DR		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	DUNEDIN FL		1.3 STREET ADDRESS 1.4 CHTY-ST-ZIP	zip = 34698-5	836
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP:	WAGGONER, DARWIN O. 1907 BARCELONA DR DUNEDIN FL		2.2 NAME 2.3 STREET ADDRESS	Zjp= 34698-24	AR C.
TITLE		DOLETE	2.4 CHY-S1-ZIP 3.1 THLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY+ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		S.a.ngo r.adiiion
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Destr	5.4 CITY - ST - ZIP		D Observed To Leave
TITLE NAME		☐ DETETE	6.1 HILE 6.2 NAME		Change Addition
STREET ADDRESS		\sim	6.3 STREET ADDRESS		
CITY-ST-ZIP	/	1220	6.4 CITY - S1 - ZIP	•	
14. I do hereb Information I am an of appears in	by certify that the information supplied in indicated on this annual report of sifecer or director of the corporate of in Block 12 or Block 13 if chandy it, or	I with this him, do shot qually upplying half-industry or the control of the cont	for the exemption state and accurate and the first to execute this repeats.	led in Section 119.07(3)(i). Florida Statute hat my signature shall have the same lega port as required by Chapter 607, Florida S	s. I further certify that the if effect as if made under oath; that statutes; and that my name