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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 9:46

DOCUMENT # **S19365** **(3)**

1. Corporation Name
FLORIDA PROPERTY TAX ANALYSTS, INC.

Principal Place of Business	Mailing Address
30 NORTH MARION ST. LAKE CITY FL 32055	P.O. BOX 655 LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/06/1990**
3a. Date of Last Report: **12/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3170686** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWNING, THOMAS P.
30 N MARION ST
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	PTC	11 TITLE	☐ Change ☐ Addition
NAME	BROWNING, THOMAS P.	12 NAME	
STREET ADDRESS	ROUTE R, BOX 335	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	14 CITY-ST-ZIP	
TITLE	DM	21 TITLE	☐ Change ☐ Addition
NAME	BROWNING, THOMAS P.	22 NAME	
STREET ADDRESS	KOONVILLE ROAD, C-252A	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	BROWNING, PHILIP A., SR	32 NAME	
STREET ADDRESS	101 PALM CIRCLE	33 STREET ADDRESS	None - Deceased
CITY-ST-ZIP	LAKE CITY FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BROWNING, ETHEL T.	42 NAME	
STREET ADDRESS	101 PALM CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BROWNING, SUZANNA K.	52 NAME	
STREET ADDRESS	ROUTE 4, BOX 335	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GAITANIS	62 NAME	
STREET ADDRESS	ROUTE 2, BOX 338	63 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	64 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 bind the corporation pursuant to penalties for perjury. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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: _____ 1-11-95 (Date) 904-755-1386 (Telephone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas P Browning

0401288 FP