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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # S19365 (3) 1. Corporation Name							
FLORID	DA PROPERTY TAX ANALY	STS, INC.					
Principal Place o	of Business	Mailing Address			I Identity is new release the six		6:6:: 8:6:: :49:
30 NORTH MA		P.O. BOX 655	_				
LAKE CITY FI	L 32055	LAKE CITY FL 32056	5				
					 Date Incorporated or Qualified 12/06/1990 	3a. Date of Last F 01/19/19	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
<u> </u>		26			59-3170686		Not Applicable
Suite, Apt. #	; etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
		28			Trust Fund Contribution	1 1	ed to Fees
Zφ	Country	Zip	Count	try	8. This corporation has liability for		199.032,
	25	29	30			No	
	9. Name and Address of Curren	t Hegistered Agent		Name	10. Name and Address of New F	registered Agent	
DDALLER	INO THOMAS B						,
BROWNING, THOMAS P.			8	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
30 N MARION ST LAKE CITY FL 32055			8	13			
LANE U	11 FL 32033						
			8	City		FL 85 2	ip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statu	utes, the above	e-named corpo	oration submits this statement for the pu	roose of changing its	registered offic
or ronistore	ed agent, or both, in the State of Florid n, and accept the obligations of Secti	ia. Such change was author	ized by the co	rporation's boa	ard of directors. I hereby accept the app	ointment as registere	d agent. I am
	The state of the s	Kin and make a	M)	P	Sami	3-18-9	16-
BIGNATURE	on year to permit a manufactor range, end, end, ego		NOTE: Hagistared A	gent signature require	ed when reinstating)	DATE	
2.	OFFICERO AND						
		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
	PTC	D DELETE	1. 1 TiTu		ADDITIONS/CHANGES TO OFF	Change	
≛].*t	PTC BROWNING, THOMAS P.	A A	1. 1 TiTU 1.2 NAN	16	ADDITIONS/CHANGES TO OFF		
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4. For necesy, certify that the information supplies with this annual report or supplienental 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OF DIRECTOR

3.11.96 904/255.138