

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G11375 (4)**

1. Corporation Name
BILL TAYLOR & ASSOCIATES, INC.



Principal Place of Business: **1914 BEACHWAY RD. STE. 1M JACKSONVILLE, FL 32207 US**
Mailing Address: **1914 BEACHWAY RD. STE 3-N P.O. BOX 16402 JACKSONVILLE, FL 32207-2352**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **11/24/1982**
3a. Date of Last Report: **01/27/1995**
4. FEIN Number: **59-2236942**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
TAYLOR, WILLIAM M. 1914 BEACHWAY ROAD SUITE 3-N JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0506 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PVT	<input type="checkbox"/> DELETED
NAME	TAYLOR, WILLIAM M.	
STREET ADDRESS	1914 BEACHWAY RD SUITE 1M	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	VT	<input type="checkbox"/> DELETED
NAME	TAYLOR, SHIRLEY	
STREET ADDRESS	1914 BEACHWAY RD SUITE 1M	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information reported in this filing is true and correct and I am not guilty for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 liquidator assigned to evaluate the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if completed on an attached form as follows:

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 904 3980000

CR2E034 (12/95)