

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # G11375 (4)
 1. Corporation Name
BILL TAYLOR & ASSOCIATES, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7660 Holiday Rd So. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 16402 Suite, Apt. #, etc.
22 City, State 23 Jacksonville, FL	27 City, State 28 Jacksonville, FL
24 Zip 32216	25 Country USA
29 Zip 32245-6402	30 Country USA

3. Date Incorporated or Qualified 11/24/1982	4. FEI Number 59-2236942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Taylor, William M.
82 Street Address (P.O. Box Number is Not Acceptable) 7660 Holiday Rd So
83
84 City Jacksonville
85 Zip Code FL 32216

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 consent to the filing of this statement. Section 607.0505, Florida Statutes.

SIGNATURE: *William M. Taylor* DATE: **3/31/98**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 have the same legal effect as if made under oath; that I am an officer or director of the corporation; 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 from the information on file.

SIGNATURE: *William M. Taylor* DATE: **3/31/98** **964398000**

CR2E084 (10/97)