

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N46785 (4)**

1. Corporation Name

**THE TAYLOR FUND II, INC.**

Principal Place of Business (Name) Mailing Address

**615 LAUREL LAKE DRIVE - A-226  
COLUMBUS, NC 28722**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/82  
3a. Date of Last Report 2-10-94

4. FEI Number 59-3109845  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under the Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEITL, WAYNE F.  
240 WASHINGTON BLVD  
SUITE 460  
SARASOTA FL 34236**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required after reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **P/T/D**  
NAME **John R. Taylor**  
STREET ADDRESS **A225 Tryon Estates**  
CITY ST ZIP **615 Laurel Lake Drive**  
**Columbus, NC 28722**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP  
**100001504081**  
**-06/02/95--D1007--016**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE **V/S/D**  
NAME **TAYLOR, BESSY D**  
STREET ADDRESS **615 LAUREL LAKE DRIVE**  
CITY ST ZIP **COLUMBUS, NC, 28722**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

TITLE **D**  
NAME **TAYLOR, ALICE R**  
STREET ADDRESS **SCORNGIA DR**  
CITY ST ZIP **WEAVERVILLE NC 28787**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

**REMITTED BY MAY 1**

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)(k), 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John R. Taylor Pres. & Treas. 3-23-95 704-894-8937  
mail by April 30<sup>th</sup> \$61.25 enclosed  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TIME