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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000030737 (7) DOCUMENT #
1. Corporation Name

TAYLORED BUSINESS SERVICES, INC.



Principal Place of Business		Mailing Address			1 140 (20) siles arith anith a			
RT. 3 BOX 254 ALACHUA FL 32615		RT. 3 BOX 254 ALACHUA FL 32615						
NOTONIC TO COVID					3. Date Incorporated or Qualified 04/14/1995	3a. Date	of Last R	eport
2. Principal Place of Bus	iness	2a. Mailing Address	246	1	4. FEI Number	20		Applied For
14423 N	W 118 Ave		W 1187	Ave_	59-331073	<u> </u>	<u>-</u>	Not Applicable  Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	C)		Required
City & State	- <del> </del>	City & State			6. Election Campaign Financing	F-1	\$5.0	<b>0</b> May Be
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country		This corporation has liability for Florida Statutes	r intangible ta s    []] No	ix under s	199.032,
24	25 ne and Address of Curre	29 Agent	30		10. Name and Address of New		Agent	
9. Nar	ile and Address of Curre	in registered Ageni	81 Na	ame				
TAYLOR, VALE	DIE E		<b>82</b> St	reet Addres	ss (P.O. Box Number is Not Accepta	ible)		
RT. 3 BOX 254				442	300118 A	<u>ve'</u>		
ALACHUA FL			83					
,			<b>84</b> C	ity		FL	85 Z	ip Code
familiar with, and ag	exit the obligations of So	enon 607.00057 fortua Statutes	125	77	tion suppring this statement for the p d of directors. I hereby accept the ap	VAL	7(A	
SIGNATURE	ned no printed name of redistered 600	nt ard wrif applicable (NO	DTE: Registered Agent sign	nature required	ven reinstating)	DATE		
SIGNATURESignature, tyl	ped or printed name dimegistered ago OFFICERS AT	ND BIRECTORS	13.	noture equitor	•			
Signature Ty	OFFICERS A		13. 1. 1 HTLE	nature required	ven reinstating)		DIRECTO Change	
Signature, Tyle	OFFICERS AT	ND BIRECTORS	13. 1. 1 TITLE 1.2 NAME		ven reinstating)			
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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 certify 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 execution with an address.

SIGNATURE: