2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

7912 FRANKLIN RD

P98000093859 **DOCUMENT #**

1. Entity Name

Principal Place of Business

7912 FRANKLIN RD

TAYLOR CONSTRUCTION, INC.



FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90243 026 ***158.75

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.	PLANT CITY FL 33565	665	PLANT CITY FI	PLANT CITY FL 33565			E HADRIDDO RAGIONAL ENTRE OLIVI ANTRE	11 01 1601) 1818 1118 1817	1 81 14 0 1841 1 98 1
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Signature, Suite, Apt. #, etc. City & State City & State City & State Country Signature, Status Desired Signatu										
City & State Country Solution and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINSON, J. WILLIAM. 7912 FRANKLIN RD PLANT CITY FL 33565 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00	2. Principal Place of Business		3. Mailing Addr	3. Mailing Address			(04511 BE110) (8188 18191 1918	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINSON, J. WILLIAM 7912 FRANKLIN RD PLANT CITY FL 33565 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	Suite, Apt. #, etc.	2.	Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	City & State		City & State	City & State			5953536213			
6. Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Added to Fees	Zip	Country	Zip	Zip Cour		5. 0	5 Certificate of Status Desired \$8.75 Additional		ditional	
HINSON, J. WILLIAM 7912 FRANKLIN RD PLANT CITY FL 33565 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 PATE Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	6. N									
7912 FRANKUN RD (LANT CITY FL 33565 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Added to Fines		Name								
7912 FRANKLIN RD PLANT CITY FL 33565 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00	HINSON, J. WILL	LLIAM	÷ "	Stroot Address		or (DO Pr	Number is Not Assentable)			~-
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 PATE Added to Face	7912 FRANKLIN	n RD		Street Address						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Efection Campaign Financing Trust Fund Coatribution Added to Face	PLANT CITY FL	L 33565								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Efection Campaign Financing Trust Fund Contribution Added to Fines	-				City	-		FI	Zip Co	de
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution Added to Face	9. The above named	nd entity cubmits this statemen	t for the purpose of ch	anging its registo	rad office or regi	eternd age	ant or both in the State of Flori			and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150:00 After May 1, 2003 Fee will be \$550.00 9. Efection Campaign Financing Trust Fund Contribution Added to Foos		•	tion the purpose of cr	ranging its registe	red office or regi	stered age	ent, or both, in the State of Flore	ua. Tam	Tarrinai Willi	, and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150:00 After May 1, 2003 Fee will be \$550.00 9. Efection Campaign Financing Trust Fund Contribution Added to Foos	CIONATURE									
After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be	Signature,	ure, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Register	ed Agent signature req	uired when rei	nstating)	DATE		· <u>-</u>
After May 1, 2003 Fee will be \$550,00 Trust Fund Contribution Added to Fees	FILE NO	NOW!!! FEE IS \$150.00								
Make Charle Develope to Clarke Develope at Charles	After May 1, 2003 Fee will be \$550.00								.6 € 35.0	UU May Be
Make Check Payable to Florida Department of State	<u>.</u>									
10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		OFFICERS AI				ADI	DITIONS/CHANGES TO OFFIC	ERS AN		
TITLE Delete TITLE Change Addition		SON I WILLIAM	Li		ſ				∐ Change	☐ Addition
STREET ADDRESS 116 ELM LANE STREET ADDRESS STREET ADDRESS		CLM LAME			1					
CITY-ST-ZIP TAMPA FL 33610 CITY-ST-ZIP				6	£ .					
TITLE Delete TITLE Change Addition	TITLE			Delete TIT	LE				☐ Change	☐ Addition
NAME NAME	NAME			NA	ME					
STREET ADDRESS STREET ADDRESS	1				l l					
CITY-ST-ZIP CITY-ST-ZIP										
TITLE Delete TITLE Change Addition NAME NAME	1		LJ [1	I .				Change	Addition
STREET ADDRESS STREET ADDRESS	STREET ADDRESS			STR	REET ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP		<u> </u>	CIT	Y-ST-ZIP			:	_ .	
					l l				☐ Change	☐ Addition
NAME STREET ADDRESS NAME STREET ADDRESS										
CITY-ST-ZIP CITY-ST-ZIP					1					
									Change	Addition
NAME NAME			. ت						3.10.190	
STREET ADDRESS STREET ADDRESS	1				l l					
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				Y-ST-ZIP					
									☐ Change	☐ Addition
NAME : NAME : STREET ADDRESS : STREET ADDRESS : STREET ADDRESS										
CITY-ST-ZIP CITY-ST-ZIP	•	4			I					

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 3 SUSMOTIBLE RECUES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR