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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C30620

1. Corporation FLOORS	BY TAYLOR, INC.							
Principal Place of Business Mailing Address								
108 E. NORTH AVENUE 108 E. NORTH AVENUE								
LAKE WALES FL 33853 US US LAKE WALES FL 33853 US				DO NOT WRITE IN THIS SPACE				
03		•			3. Date Incorporated or Qua	alifed		
					03/18/1991			
Principal Place of Business 2a. Mailing Address				4. FEI Number		Арр	lied For	
21 26				59-3056605			Applicable	
		Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 🗆	\$8.75 Ac Fee Req	
		27						
City & State		City & State	¬ '		6. Election Campaign Finan Trust Fund Contribution	icing	\$5.00 N Added to	- 1
23 28 Zip Country Z		28	Zip Country			o gurront year Int		1000
Zip			30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of	lew Registered	Agent	
		<u> </u>	81	Name				-
TAYLOR, GREGORY J.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
108 E NORTH AVE			"	Oli CCL / IGG/	COS (1 .O. BOX Maines to Tier)			
LAKE	E WALES FL 33853		83			-		
			84	City			85 Zip C	ode
				'		<u> </u>	. } `	
agent. Lai	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	lions of, Section 607.0505, Flori	ua Statutes	e-named corporation	·	accept the appoil	ntment as regi	istered
12.	3		13.	it signature required	ADDITIONS/CHANGES T		ID DIRECTOR	RS IN 12
TITLE	D OTTOEKO AK	DELETE	1.1 TITLE				Change	Addition
NAME	TAYLOR, GREGORY J.		1.2 NAME					
STREET ADDRESS	108 E NORTH AVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	TAYLOR, ANN B.		2.2 NAME		•			
STREET ADDRESS	108 E NORTH AVE		2.3 STREET	T ADDRESS				_
CITY-ST-ZIP	LAKE WALES FL		2. 4 CITY-S	ST-ZIP		,		
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME	ļ .		* * * * * * * * * * * * * * * * * * * *		
STREET ADDRESS			33 STREET	TADDRESS				
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP				Addition
TITLE		☐ DELETE	4.1 TITLE			•	Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST	T-ZIP	···		☐ Change	Addition
TITLE			5.2 NAME			-		_
NAME				T ADDRESS				
STREET ADDRESS			5.4 CITY-S			•		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAMÉ			6.2 NAME				_ •	
STREET ADDOCSO				T ADDRESS				

14. 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 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS