

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

**APPROVED AND FILED**

**85 APR 27 AM 10: 58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V08558 (1)**  
1. Corporation Name  
**TAYLOR DESIGNS UNLIMITED, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**6798 CROSSWINDS DR.  
C-102  
ST. PETERSBURG FL 33710**

3. Date Incorporated or Qualified **01/21/1992** 3a. Date of Last Report **06/20/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number **59-3105113** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**VALENTE, ANTHONY, JR.  
2730 CENTRAL AVENUE  
ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 under, Sections 607.0505, Florida Statutes.

SIGNATURE Over/Plus DATE 4/24/95  
Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D President/Owner/Treas./Chairman</b>
NAME	<b>TAYLOR, SUSAN</b>
STREET ADDRESS	<b>7926 9TH AVENUE, SOUTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>Vice- President</b>
NAME	<b>Greer, Patricia G</b>
STREET ADDRESS	<b>200 Dolphin Point #201</b>
CITY - ST - ZIP	<b>Clearwater, FL 34630</b>
TITLE	<b>Secretary/Director</b>
NAME	<b>Linda Martin Becker</b>
STREET ADDRESS	<b>R. D. #1, Box 1988</b>
CITY - ST - ZIP	<b>Mohnton, Pa 19540</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President, Treasure, Chairman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Greer, Patricia G</b>
2.3 STREET ADDRESS	<b>200 Dolphin Point #201</b>
2.4 CITY - ST - ZIP	<b>Clearwater, FL 34630</b>
3.1 TITLE	<b>Secretary/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Linda Martin Becker</b>
3.3 STREET ADDRESS	<b>R.D. #1, Box 1988</b>
3.4 CITY - ST - ZIP	<b>Mohnton, PA 19540</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on no attachment with an address.

SIGNATURE: [Signature] DATE: 4/24/95 **343 6208**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR