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Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 354174

(5)

1. Corporation Name

TAYLOR'S FARM AND RANCH, INC.

Principal Place of Business

Mailing Address

11855 TAYLOR GRADE ROAD  
DUETTE F 33834  
US

11855 TAYLOR GRADE ROAD  
DUETTE FL 33834  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR,ARLIN  
RT 2 BOX 88A  
BOWLING GREEN FL 33834

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

33834

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
TAYLOR,ARLIN  
STREET ADDRESS ROUTE 2 BOX 88-A  
CITY- ST- ZIP BOWLING GREEN FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME PK  
Taylor, Arlin  
1.3 STREET ADDRESS 11855 Taylor Grade Road  
1.4 CITY- ST- ZIP Duette, Fl. 33834

TITLE ☐ DELETE

NAME SD  
TAYLOR, ELEANOR I.  
STREET ADDRESS ROUTE 2 BX 88-A  
CITY- ST- ZIP BOWLING GREEN FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME SD  
Taylor, Eleanor I.  
2.3 STREET ADDRESS 11855 Taylor Grade Road  
2.4 CITY- ST- ZIP Duette, Fl. 33834

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arlin Taylor  
Date 3-17-97  
Daytime Phone # 941-776-1421

CR2E034 (9/96)