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

1. Corporation Name

21

22

23 Zip 24

DOCUMENT #

(2)

S.T. TAYLOR CORPORATION

Principal Place of Business	Mailing Address		
625 E. 10TH AVE. HIALEAH FL 33010	625 E. 10TH AVE. Hialeah Fl 33010		
HIALEAH FL 33010	HIALEAH FL 33010		

					3. Date Incorporated or Qualified 01/20/1956	3a. Date of 06	Last Report 05/1995
2. Principal Place	e of Business	2a. Mailing Add	Iress		4. FEI Number 59-0781697		Applied For Not Applicable
Suite, Apt. #, 6	etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City & State)		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 4	Country	Zip 29	30 Cou	untry		. □ No	
	9. Name and Address of Ci		t		10. Name and Address of New F	Registered Ag	int
				81 Name			

TAYLOR.SAMUEL T 625 E 10TH AVE HIALEAH FL 33010

	ribrida Statut	(63 42) 100 [
	10. Name and A	Address of New Reg	stered A	gent	
81	Name				
82	Street Address (P.O. Box Numb	per is Not Acceptable)			
83					
64	City		FI	85	Zip Code
l			<u> </u>	٠	l

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 _	gnature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature requi	uirod when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1)(LF	VSD	DELETE	1. 1 TOLE	☐ Change ☐ Addition
NAME	TAYLOR, S T, JR		1.2 NAME	
STREET ADDRESS	625 E 10 AVE		1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 00000		1.4 CrTY-ST-ZIP	
TITLE	PTD [☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, PAUL N		2.2 NAME	
STREET ADDRESS	625 E 10TH AVE		2 3 STREET ADDRESS	
CITY-ST-2IP	HIALEAH, FL 00000		2 4 City - St - ZIP	
TITLE	D	DELETE	3. 1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, SAMUEL T		3.2 NAME	
STREET ADDRESS	625 E 10TH AVE		3.3. STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 00000		3 4 CITY-S1-ZIP	
TITLE		DELETE	4. 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CHTY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAMÉ	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			5.4 City-ST-ZIP	
TITLE		DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY - ST - ZIP	Classification of the control of the

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 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.