SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **289003** **(6)**

1. Corporation Name
TAYLOR INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2578 FOWLER STREET **P.O. BOX 6218** **FT. MYERS FL 33901**	**2578 FOWLER STREET** **P.O. BOX 6218** **FT. MYERS FL 33901**

3. Date Incorporated or Qualified: **02/20/1965**	3a. Date of Last Report: **07/19/1995**
4. FEI Number: **59-1096051**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 **2578 Fowler St.**	26 **2578 Fowler St.**
Suite, Apt. # etc: 22	Suite, Apt. #, etc: 27
City & State: 23 **Fort Myers, FL**	City & State: 28 **Fort Myers, FL**
Zip: 24 **33901** Country: 25 **Lee**	Zip: 29 **33901** Country: 30 **Lee**

9. Name and Address of Current Registered Agent

TAYLOR, RALPH W
5905 TRAILWINDS DRIVE
UNIT #816
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, type or printed name of the person signing and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**VPS**	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	**TAYLOR, N. JEAN**		12 NAME		
STREET ADDRESS	**5905 TRAILWINDS DR #816**		13 STREET ADDRESS		
CITY-ST-ZIP	**FT MYERS, FL 00000**		14 CITY-ST-ZIP		
TITLE	**PTD**	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	**TAYLOR, RALPH**		22 NAME		
STREET ADDRESS	**5905 TRAILWINDS DR #816**		23 STREET ADDRESS		
CITY-ST-ZIP	**FT MYERS, FL 00000**		24 CITY-ST-ZIP		
TITLE	**V**	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	**TAYLOR, KEITH I**		32 NAME		
STREET ADDRESS	**5480 BURNHAM COURT**		33 STREET ADDRESS		
CITY-ST-ZIP	**N. FORT MYERS FL 33903**		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph W. Taylor 6-5-96 (941) 337-5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ralph W. Taylor - President