


5-15-97 B-7341 N/C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

| | | | |
|---|--|---|---------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 299497 (8) 1. Corporation Name TAFT FLORIDA LAND CO. | | | |
| Principal Place of Business 27 MOULTON ROAD DUXBURY MA 02332 US | | Mailing Address 27 MOULTON ROAD DUXBURY MA 02332-9820 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| KAHL, GARY, ESQ 680 AARON ST, NW PORT CHARLOTTE, FL 33952 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | TD TAFT, CHRISTOPHER K. 245 EAST 77TH APT 4RE NEW YORK NY | 1.1 TITLE | Change Addition |
| NAME | PD TAFT, JOHN R 27 MOULTON ROAD DUXBURY, MA 00000 | 1.2 NAME | Change Addition |
| STREET ADDRESS | SD TAFT, ALEXANDER G. 303 RED ACRE RD. STOW MA | 1.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | D TAFT, BETTY J. 4243 S.E. FAIRWAY EAST STUART FL | 1.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 2.1 TITLE | Change Addition |
| NAME | | 2.2 NAME | Change Addition |
| STREET ADDRESS | | 2.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | Change Addition |
| STREET ADDRESS | | 3.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | Change Addition |
| STREET ADDRESS | | 4.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | Change Addition |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | Change Addition |
| STREET ADDRESS | | 6.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Change Addition |
| 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: <u>John R. Taft</u> | | Date: _____ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | (617) 826-7176 | |

CR2E034 (9/96)