

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90095 028 ***150.00

DOCUMENT # 319828

1. Corporation Name
CLAGETT TAYLOR, INC.



Principal Place of Business
1617 NE LAKEVIEW DRIVE
SEBRING FL 33870-2761

Mailing Address
1617 NE LAKEVIEW DRIVE
SEBRING FL 33870-2761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1967

4. FEI Number

59-1209256

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

P. O. Box 942

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

Sebring, Florida

23 Zip

Country

28 Zip

Country

24

25

29

33871-0942

30

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACBETH, H S
230 S COMMERCE
SEBRING FL 33870

81 Name

RHOADES, CLIFFORD R.

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

227 N. RIDGEWOOD DRIVE

83

84 City

SEBRING

FL

85 Zip Code
33870

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME TAYLOR JR, J CLAGETT
STREET ADDRESS 1617 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING, FL 00000

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33870

TITLE SD ☐ DELETE
NAME TAYLOR, PATRICIA K.
STREET ADDRESS 1617 NE LAKEVIEW DRIVE
CITY-ST-ZIP SEBRING, FL 00000

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33870

TITLE D ☐ DELETE
NAME VALENCIA, DEBORAH T.
STREET ADDRESS 1617 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 42048 Crestview Circle
3.4 CITY-ST-ZIP Northville, Michigan 48167

TITLE D ☐ DELETE
NAME TAYLOR, J. CLAGETT, III
STREET ADDRESS 6540 MONTROSE TRAIL
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS P. O. Box 9343
4.4 CITY-ST-ZIP Lee, Florida 32059-0343

TITLE TD ☐ DELETE
NAME TAYLOR, JOHN A.
STREET ADDRESS 439 N.E. LAKEVIEW DRIVE
CITY-ST-ZIP SEBRING FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 3207 Oleander Drive
5.4 CITY-ST-ZIP Lake Placid, Florida 33852

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 (941) 382-2893

Date

Daytime Phone #

0431888

CR2E034 (11/98)