FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **477055** **(8)**

1. Corporation Name
TAYLOR CONTRACTORS OF FLORIDA, INC.

Principal Place of Business
315 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950

Mailing Address
315 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified: **05/30/1975**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1641046** 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

9. Name and Address of Current Registered Agent
TAYLOR, PETER CRAIG
580 MACEDONIA DR
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
81 Name: Taylor, Peter Craig
82 Street Address (P.O. Box Number is Not Acceptable): 624 W. Marion Avenue
83
84 City: Punta Gorda FL 85 Zip Code: 33950

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Peter Craig Taylor — (Date, Registered Agent's Signature, Corporate Name and Title of Officer) — DATE: 2/8/96

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	TAYLOR, PETER FRANCIS	
STREET ADDRESS	751 RETTA ESPLANADE	
CITY, ST, ZIP	PUNTA GORDA FL	
TITLE	ST	☐ DELETE
NAME	TAYLOR, MARIA S.	
STREET ADDRESS	751 RETTA ESPLANADE	
CITY, ST, ZIP	PUNTA GORDA FL	
TITLE	P	☐ DELETE
NAME	TAYLOR, PETER CRAIG	
STREET ADDRESS	580 MACEDONIA DR	
CITY, ST, ZIP	PUNTA GORDA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE	P	☒ Change ☐ Addition
3.2 NAME	Taylor, Peter Craig	
3.3 STREET ADDRESS	624 W. Marion Avenue	
3.4 CITY, ST, ZIP	Punta Gorda, FL 33950	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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.

SIGNATURE: Peter Craig Taylor — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/8/96 — Daytime Phone #: 941-637-6400

CR2E034 (12/95)