FILED

Mar 31, 1999 8:00 am Secretary of State

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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

DOCUMENT # 538015

1. Corporation Name

TAYLOR, LAWLESS AND SINGER, P.A.

Principal Place of Business			Mailing Address					* *************************************				
46 NORTH WASHINGTON BLVD.			46 NORTH WASHINGTON BLVD.									
SUITE 21			SUITE 21				}	DO NOT W	DITE IN THIS	SDACE		
SARASOTA FL 34236			SARASOTA FL 34236 US				-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
U\$							l ª	07/01/1977				
2 Deinning D	one of Business	22	Mailing Address					4. FEI Number		TIAn	plied For	
2. Principal Place of Business			26					59-1746807		ļ	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					33 1170001		\$8.75		
		1	27				5	5. Certifcate of Status Desired		Fee Re		
City & State		21	City & State			_ _	6. Election Campaign Financing		\$5.00	May Re		
			28) "	Trust Fund Contribution	' 🗆	Added t	, ,	
Zip Country			Zip Country					8. This corporation owes the cu	rrent year Inta			
	25	29	- F	30	,		'	Personal Property Tax.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	□No	
24	9. Name and Address of Current		stered Agent	1301			10	0. Name and Address of New	Registered	Agent		
	J. Italie and Address of Current	110910			81	Name						
TAYLOR, RICHARD J.			<u> </u>									
46 NORTH WASHINGTON BLVD.			1			Street A	ddress ((P.O. Box Number is Not Accept	otable)			
SARASOTA FL 34236			1									
· · · ·				1	"	!			·	-		
					84	City			FL	85 Zip (Code	
	to the provisions of Sections 607.0502		107 4500 51-34- Dt-he	the the o			a marati	ion authmite this statement for th		rhanning its	renistered	
office or re	egistered agent or both in the State (of Florid	da. Such change was a	uthonzec	י עם ו	the cordol	ration's I	board of directors. I hereby acc	ept the appoil	ntment as re	gistered	
agent, I a	m familiar with, and accept the obligat	ions of	, Section 607.0505, Flo	orida Stati	utes.							
SIGNATURE					.,				DATE			
Signature, typed or printed name of registered agent						t signature re	quirea wher	ADDITIONS/CHANGES TO C		ID DIRECTO	RS IN 12	
12.				_	13.			ADDITIONS/CHANGES TO C	I TOLKO AI	Change	Addition	
TITLE	PD DICHARD I					ĺ						
NAME	7712911, 11011111111111111111111111111111111				1.2 NAME					ł		
STREET ADDRESS	7317 CRAPE MYRTLE WAY				1,3 STREET ADDRESS						Į	
CITY-ST-ZIP				_	1.4 CITY-ST-ZIP					Change	Addition	
TITLE	VD			2.1 TITLE					☐ Change	C. Addition		
NAME	a meros, postero.			2.2 N	2.2 NAME						-	
STREET ADDRESS	***************************************			2.3 \$7	2.3 STREET ADDRESS						İ	
CITY-ST-ZIP				2.4 C	2.4 CITY-ST-ZIP							
TITLE				3.1 11	3.1 TITLE					Change	Addition	
NAME	SINGER, MARK D. 3.2			3.2 N	ME							
STREET ADDRESS	2602 STARLING LANE			3.3 \$1	REET	ADDRESS						
CITY-ST-ZIP	BRADENTON FL			3.4. C	ITY-S	T-ZIP						
TITLE				4.1 1	4.1 TITLE				☐ Change	☐ Addition		
NAME	JAMES R. COONEY			4.2 N	AME	[-	
STREET ADDRESS	720 GARFIELD DR			4.3 \$1	REET	ADDRESS					ļ	
CITY-ST-ZIP	SARASOTA FL			4.4 CI	TY-\$1	r-ZIP						
TITLE			☐ DELETE	5.1 TT	TLE	-				Change	☐ Addition	
NAME				5.2 N	ME							
STREET ADDRESS				5.3 S	REET	ADDRESS						
CITY-ST-ZIP				5.4 CI	TY-SI	T-ZIP						
TITLE			DELETE	6.1 TI	TLE	$\neg \neg$				Change	☐ Addition	
NAME			- -	6.2 N	WE.	ļ					ļ	
STREET ADDRESS				6.3 ST	REET	ADDRESS						
O'LLEE I WONKESS!												

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 triangled, or our an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: