FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:07

DOCUMENT # 549872 (0)

1. Corporation Name
TAYLOR-MCVAY, INC.

Principal Place of Business	Mailing Address
3001 US 98 SOUTH LAKELAND FL 33803	3001 US 98 SOUTH LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1977
3a. Date of Last Report: 07/22/1994

21 2. Principal Place of Business	1925 US 98 South
22 Suite, Apt. #, etc.	
23 City & State	LAKELAND FL
24 Zip / 25 County	33801 / POLK
26 2a. Mailing Address	1925 US 98 South
27 Suite, Apt. #, etc.	
28 City & State	LAKELAND FL
29 Zip / 30 County	33801 / POLK

4. FEI Number: 59-1784885 ☐ 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

MCVAY, JOHN C. JR.
18000 N. CRYSTAL LAKE DRIVE #69
LAKELAND FL 33801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	WOOD, DENNIS L	12 NAME	
STREET ADDRESS	RT 1 BOX 395	13 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	14 CITY-ST-ZIP	
TITLE	SDP	21 TITLE	☐ Change ☐ Addition
NAME	MCVAY JR JOHN C	22 NAME	
STREET ADDRESS	3372 KILMORE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	PETERSON, STEPHEN J	32 NAME	
STREET ADDRESS	4202 LAKE MARIANA DR NW	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	O'LEARY, PATRICK J	42 NAME	
STREET ADDRESS	7516 WILLOW WISP DR W	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 attached report with an address.

SIGNATURE: John McVay JOHN C. McVAY JR 2-16-95 813-686-0544
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone

03/19/202 CP