

**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 # 549872 (0)**

1. Corporation Name  
**TAYLOR-MCVAY, INC.**



Principal Place of Business  
**1925 US 98 SOUTH  
LAKELAND FL 33801  
US**

Mailing Address  
**1925 US 98 SOUTH  
LAKELAND FL 33801  
US**

3. Date Incorporated or Qualified **10/19/1977** 3a. Date of Last Report **02/21/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1784885</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip Country		29 Zip Country		30 Zip Country			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MCVAY, JOHN C. JR.  
18000 N. CRYSTAL LAKE DRIVE #89  
LAKELAND FL 33801**

*NEW ADDRESS*

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5446 HIGHLANDS VISTA CIRCLE**  
83  
84 City **LAKELAND** FL 85 Zip Code **33813**

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 translating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, DENNIS L</b>	1.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 395</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AUBURNDALE FL</b>	1.4 CITY - ST - ZIP	
TITLE	SDP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCVAY JR JOHN C</b>	2.2 NAME	<b>JOHN C. MCVAY JR</b>
STREET ADDRESS	<b>3372 KILMORE DRIVE</b>	2.3 STREET ADDRESS	<b>5446 HIGHLANDS VISTA CIRCLE</b>
CITY - ST - ZIP	<b>LAKELAND, FL 00000</b>	2.4 CITY - ST - ZIP	<b>LAKELAND FL 33813</b>
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSON, STEPHEN J</b>	3.2 NAME	
STREET ADDRESS	<b>4202 LAKE MARIANA DR NW</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'LEARY, PATRICK J</b>	4.2 NAME	
STREET ADDRESS	<b>7516 WILLOW WISP DR W</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *John C. McVay Jr* **JOHN C. MCVAY JR** 2-6-96 941-686-0544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)