

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 790380 (0)

1. Corporation Name

JOHN S. TAYLOR COMPANY

50 MAY -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1001 S. HIGHLAND AVE.
LARGO FL 34640
US

P. O. BOX 236
LARGO FL 34649
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

04/13/1994

4. FEI Number

59-0193970

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAIL, C. RICHARD, ESQ.
114 TURNER ST.
CLEARWATER FL 33516

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

(Signature of agent or limited partner of registered agent, and if applicable, the applicable:

(If not, Registered Agent, corporate registered agent, or secretary)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	TAYLOR, JOHN S
STREET ADDRESS	1690 KEENE ROAD
CITY, ST, ZIP	CLEARWATER FL
TITLE	VD
NAME	HANCOCK, MARY T
STREET ADDRESS	1749 BELLEAIR RD
CITY, ST, ZIP	CLEARWATER FL
TITLE	TD
NAME	CARTER, JEAN T
STREET ADDRESS	1739 BELLEAIR RD
CITY, ST, ZIP	CLEARWATER FL
TITLE	SD
NAME	DEWAR, HOPE T.
STREET ADDRESS	375 VELMA DRIVE
CITY, ST, ZIP	LARGO FL
TITLE	ASD
NAME	TAYLOR, MARION (ASST)
STREET ADDRESS	1690 KEENE ROAD
CITY, ST, ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and given not equally for the corporation stated in Section 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

~~XXXXXXXXXXXX~~ HOPE T. DEWAR

Secretary

4/27/95

(813)585-6083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR