

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790380** (0)

1. Corporation Name

JOHN S. TAYLOR COMPANY

Principal Place of Business

Mailing Address

**1001 S. HIGHLAND AVE.
LARGO FL 33770
US**

**P. O. BOX 236
LARGO FL 34649
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1001 Highland Av**

22 City & State

27 City & State
Largo, FL

23 Zip Country
24 **33770** **25** **USA**

28 Zip Country
29 **33770** **30** **USA**

9. Name and Address of Current Registered Agent

**NAIL, C. RICHARD, ESQ.
114 TURNER ST.
CLEARWATER FL 34616**

3. Date Incorporated or Qualified

06/12/1967

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

John S. Taylor IV

82 Street Address (P.O. Box Number is Not Acceptable)

424 Lakewood Dr.

83

84 City

Oldsmar

FL

85 Zip Code

34677

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

John S. Taylor IV - President

3-19-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, JOHN S	
STREET ADDRESS	1690 KEENE ROAD	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HANCOCK, MARY T	
STREET ADDRESS	1749 BELLEAIR RD	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, JEAN T	
STREET ADDRESS	1739 BELLEAIR RD	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEWAR, HOPE T.	
STREET ADDRESS	375 VELMA DRIVE	
CITY - ST - ZIP	LARGO FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John S. Taylor IV	
1.3 STREET ADDRESS	424 Lakewood Dr.	
1.4 CITY - ST - ZIP	Oldsmar, FL 34677	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John S. Taylor III	
2.3 STREET ADDRESS	1690 Keene Rd.	
2.4 CITY - ST - ZIP	Clearwater, FL 33756	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donna M. Taylor	
3.3 STREET ADDRESS	424 Lakewood Dr.	
3.4 CITY - ST - ZIP	Oldsmar Fl. 34677	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN S. TAYLOR IV

3/19/98

(813) 585-6083

CR2E037 (10/97)