## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 02, 1999 8:00 am § Secretary of State 03-02-1999 90069 009 \*\*\*\*61.25

**FILED** 

## **DOCUMENT # 790380**

JOHN S.	TAYLOR COMPANY				·
Principal Place	o of Puninger	Mailing Address			
		Majing Address		) (0.01); (0.01) (0.10) (1/0) (0.11)	01011 B1017 01011 61017 01011 1001
1001 S. HIGHLI LARGO FL 337			- 01	9	
US		E. LEBRON	FREEPP OK DR., STE EA, FL 3	7,] 🚬 106(II) 10410 LEIK DOIDD IKAN SIIK 10K DIDK	81811 <b>618</b> 11 6181 6181 6181 1181 1181
		2725 PAK	IK DR. STA		
•		CLE ARWAT	ER, FL 3.	3. Date Incorporated or Qualifed	
<del></del>	Place of Business	2a. Mailing Address	For Do	06/12/1967	
Suite, Apt.	# oto	26 2 . LE ISRON Suite. Apt. #. etc.	INER PM	4. FEI Number	Applied For
	#, etc.	27 2725 PARK	1)0 STE	<b>3</b> 59-0193970	Not Applicable
City & Stat	te	City & State	- DX 1, 0/2		\$8.75 Additional
23		28 CLEARWAI	ar, Fc	5. Certifcate of Status Desired	Fee Required
Zip	Country	Zipo no more s	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 73/65 30	VINE HA	Trust Fund Contribution	Added to Fees
•	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
1			81 Name	LEBRON FREE P	<del>9</del> ·
JOHN S TAYLOR IV			82 Street Add	ress (P.O. Box Number is Not Acceptable)	7, 3
424 LAKEWOOL/DR OLOSMAR FL \$4677			83	LARWATTO FI	
<i>U</i> =			84 City	FYAD WATER F	L 85 Zio Code
44 Disease	to the provisions of Scations 617 0500	and 617 1509 Florida Statutes	the above-named corr	eastion submits this statement for the numero	of changing its registered
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.					
agent. I a	m familiar with, and accept the obligati	ions of, Section 617.0503, Florid	a Statutes.	. /30	190
SIGNATURE	Signature typed or printed name of registered agent		egistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHN S TAYLOR, IV		1.2 NAME		l l
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 34677		1.4 CfTY-ST-ZiP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHN S TAYLOR, III		2.2 NAME		•
STREET ADDRESS	1690 KEENE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33756		2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DONNA M TAYLOR		3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 34677	□ occert	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME	•	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
		<del></del>	6.2 NAME		
NAME	ļ		6.3 STREET ADDRESS		
STREET ADDRESS	]		64 CITY-ST-7IP		

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 an an attachment with an address, with all other like empowered.

**SIGNATURE:**