

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90299 010 ***150.00

DOCUMENT # F01000003445	
1. Entity Name J.J. TAYLOR DISTRIBUTING FLORIDA, INC.	

Principal Place of Business 11780 U.S. HIGHWAY #1, GOLDEN BEAR PLAZA SUITE 204 NORTH PALM BEACH, FL 33408	Mailing Address 11780 U.S. HIGHWAY #1, GOLDEN BEAR PLAZA SUITE 204 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1100950	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TAYLOR, JOHN J III 11780 U.S. HIGHWAY #1, GOLDEN BEAR PLAZA NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DESPLAINES, HENRI J 11780 U.S. HIGHWAY #1, GOLDEN BEAR PLAZA NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABLE, STUART M 53 STATE STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTUONDO, MANUEL 16911 GATOR ROAD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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*Entered
DMS
4/15/04*

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henri J. Desplaines* **HENRI J. DESPLAINES** **3/29/04** **561 775 1777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #