

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F62651 (7)

1. Corporation Name
K.E. TAYLOR & ASSOCIATES, INC.

Principal Place of Business

25 BOW CIRCLE
SUITE 4
HILTON HEAD SC 29938
US

Mailing Address

BOX 6899
HILTON HEAD SC 29938
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1982

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

98-0052171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRYSON, M.J. FABER, LEVIN, TRYSON
328 MINORCA AVE
CORAL GABLES FL 33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change

☐ Addition

NAME
TAYLOR, K.E.
STREET ADDRESS
2180 MARINE DR STE 1207
CITY-ST-ZIP
OAKVILLE, ONTARIO

1.2 NAME

2283 D LAKESHORE BLVD W
ETOBICOKE ONTARIO M8V-1A6

TITLE ☐ DELETE

1.4 CITY-ST-ZIP

☒ Change

☐ Addition

NAME
TAYLOR, JOAN S.
STREET ADDRESS
2180 MARINE DR STE 1207
CITY-ST-ZIP
OAKVILLE, ONTARIO

2.1 TITLE

2283 D LAKESHORE BLVD W
ETOBICOKE ONT M8V1A6

TITLE ☐ DELETE

2.2 NAME

☐ Change

☐ Addition

NAME
MACLEAN, LINDA
STREET ADDRESS
79 LOMA VISTA DR
CITY-ST-ZIP
THORNHILL, ONTARIO

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

NAME
TAYLOR, BRIAN
STREET ADDRESS
2180 MARINE DR STE 1207
CITY-ST-ZIP
OAKVILLE, ONTARIO

3.1 TITLE

2283 D. LAKESHORE BLVD W
ETOBICOKE ONT M8V1A6

TITLE ☐ DELETE

3.2 NAME

☐ Change

☐ Addition

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

TITLE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

FILED

Jan 12/98

803-295
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CR2E034 (10/97)