

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90078 026 ***150.00

DOCUMENT # F96000006564

1. Corporation Name
TAYLOR & MATHIS, INC.

Principal Place of Business

115 TOWN PARK DR
SUITE 100
KENNESAW GA 30144-5509
US

Mailing Address

175 TOWN PARK DRIVE
SUITE 100
KENNESAW GA 30144-5509
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1996

4. FEI Number

58-1021972

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GREEN, THOMAS E
777 BRICKELL AVE., #610
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, CHARLES M	
STREET ADDRESS	175 TOWN PARK DR SUITE 100	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	TAYLOR, ANDREW M	
STREET ADDRESS	175 TOWN PARK DR SUITE 1100	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	CHEATHAM, HARVEY M	
STREET ADDRESS	175 TOWN PARK DR SUITE 100	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FLUKER, JAMES D	
STREET ADDRESS	175 TOWN PARK DR SUITE 100	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BATTEY, CARROLL M	
STREET ADDRESS	175 TOWN PARK DR SUITE 100	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DOLBOW, FRANK C	
STREET ADDRESS	175 TOWN PARK DR SUITE 100	
CITY-ST-ZIP	KENNESAW GA 30144	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AVERY, E.H.	
1.3 STREET ADDRESS	175 TOWN PARK DRIVE, SUITE 100	
1.4 CITY-ST-ZIP	KENNESAW, GA 30144	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	O'BRIEN, D. KERRY	
2.3 STREET ADDRESS	175 TOWN PARK DRIVE, SUITE 100	
2.4 CITY-ST-ZIP	KENNESAW, GA 30144	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank C. Dolbow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

770-795-1330

Daytime Phone #

CR2E034 (11/98)