CORPORATION ANNUAL REPORT 1994 5

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G02672 (5)

1. Corporation Name
T - S FERNERIES, INC.

Mailing Address	Principal Place of Business
% RICHARD W. TAYLOR	% RICHARD W. TAYLOR
112 NORTH FLORIDA AVE.	112 NORTH FLORIDA AVE.
DELAND FL 32720	DELAND FL 32720

If above addresses are incorrect in any way, line through incorrect information and write correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1982	3a. Date of Last Report: 04/23/1993
4. FEI Number: 59-2188062	☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAYLOR, RICHARD W. 112 NORTH FLORIDA AVE. DELAND FL 32720	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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent, and title if applicable) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/V/P	1.1 TITLE	
1.2 NAME	SANDERS, EDWIN P B	1.2 NAME	
1.3 STREET ADDRESS	340 WASHINGTON OAKS DR	1.3 STREET ADDRESS	
1.4 CITY ST ZIP	DELAND, FL 00000	1.4 CITY ST ZIP	
2.1 TITLE	P/D	2.1 TITLE	
2.2 NAME	TAYLOR, RICHARD W	2.2 NAME	
2.3 STREET ADDRESS	112 N FLORIDA AVE	2.3 STREET ADDRESS	
2.4 CITY ST ZIP	DELAND, FL 00000	2.4 CITY ST ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY ST ZIP		6.4 CITY ST ZIP	5/1/95 MH

500001480915
-05/09/95--01095--026
****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or 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: R Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 95
Date

904-314-4538
Daytime Phone #

0012002