

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

FILED

Apr 06 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 # **G11375** (4)
1. Corporation Name
BILL TAYLOR & ASSOCIATES, INC.

Principal Place of Business 1914 BEACHWAY RD. STE. 1M JACKSONVILLE, FL 32207 US	Mailing Address 1914 BEACHWAY RD. STE. 54 P.O. BOX 16402 JACKSONVILLE, FL 32207-2352
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7660 Holiday Rd So. Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 16402 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/24/1982	
22 JACKSONVILLE, FL		27 JACKSONVILLE, FL		4. FEI Number 59-2236942	
23 32216		28 32245-6402		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 USA		29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAYLOR, WILLIAM M. 1914 BEACHWAY ROAD SUITE 3-N JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent	
81 Name Taylor, William M.				82 Street Address (P.O. Box Number is Not Acceptable) 7660 Holiday Rd So	
83				84 City JACKSONVILLE	
85 State FL				86 Zip Code 32216	

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 consent to the filing of this statement. (Section 607.0505, Florida Statutes.)

SIGNATURE *William M. Taylor* DATE **3/31/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, WILLIAM M.	1.2 NAME	
STREET ADDRESS	1914 BEACHWAY RD SUITE 1M	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, SHIRLEY	2.2 NAME	
STREET ADDRESS	1914 BEACHWAY RD SUITE 1M	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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; the receiver or trustee of the corporation; or the executor of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report.

SIGNATURE: *William M. Taylor* DATE: **3/31/98** **9043980000**

CR2E034 (10/97)