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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H14747 (O)			
1. Corporation Name TAYLOR'S COUNTRY CORNER, INC.			
Principal Place of Business 14143 CAMP MACK ROAD LAKE WALES FL 33853		Mailing Address 14143 CAMP MACK ROAD LAKE WALES FL 33853	
2. Principal Place of Business 21 SAME Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 POLK		29 33853	
9. Name and Address of Current Registered Agent TAYLOR, STEVEN, G 2326 WEST MEMORIAL BLVD. LAKELAND FL 33801		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 _____ (Date) _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PST TAYLOR, STEVEN, G 2326 W. MEMORIAL BLVD. LAKELAND FL		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD TAYLOR, GREGORY J. 2326 W. MEMORIAL BLVD. LAKELAND FL		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP STD TAYLOR, STEVEN G. 2326 W. MEMORIAL BLVD. LAKELAND FL		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP ☐ Change ☐ Addition	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: <i>James W. Taylor</i> James W. TAYLOR		4/12/95 813-696-3863	