

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 9:06

DOCUMENT # L35710 (7)

1. Corporation Name
TAYLOR RANCH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **7000 TAMiami TRAIL, SOUTH VENCE FL 34293**
Mailing Address: **7000 TAMiami TRAIL, SOUTH VENCE FL 34293**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/12/1989	05/01/1994
22 State Apt # etc		27 State Apt # etc		4. Fed Number	Applied For
23 City & State		28 City & State		59-2992247	Not Applicable
24 Co. County		29 Co. County		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		7. This Corporation has liability for intangible tax under s. 199.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAYLOR, THOMAS H. SR 7000 S TAMiami TRAIL VENCE FL 34293				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03	City		
				04	City		
				05	Zip Code		
				FL			

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 607.0503, Florida Statutes.

SIGNATURE: _____ (Print Name of Registered Agent or Secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY 12:	
001	V TAYLOR, NORMAN BERRY 7000 S. TAMiami TRAIL VENCE FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
002	DCS TAYLOR, THOMAS H., SR. 7000 S. TAMiami TRAIL VENCE FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
003	DV TAYLOR, THOMAS H., JR. 7000 S. TAMiami TRAIL VENCE FL	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
004	DPT TAYLOR, RUTH ELLEN 7000 S. TAMiami TRAIL VENCE FL	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
005	V TAYLOR, JAMES DAVID 7000 S. TAMiami TRAIL VENCE FL	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
006		16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
007		17 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
008		18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
009		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
010		20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
011		21 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
012		22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information furnished on this annual report or supplemental annual report is true and accurate and that my registration complies with the same and all the laws of this state which apply to me as an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 107, Florida Statutes, and that my name appears in this form or has been changed on an affidavit with an address.

SIGNATURE: *Thomas H Taylor Jr*
PRINT NAME AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

6-28-95 941-493-8548

CR2E04 (3/95)