

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 18 1996 8:00 am  
Secretary of State

DOCUMENT # **L35710 (7)**  
1. Corporation Name  
**TAYLOR RANCH, INC.**



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

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

3. Date Incorporated or Qualified: **12/12/1989**  
3a. Date of Last Report: **07/05/1995**  
4. FEI Number: **59-2992247**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

g. Name and Address of Current Registered Agent  
**TAYLOR, THOMAS H. SR  
7000 S TAMiami TRAIL  
VENICE FL 34293**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

TITLE	V	<input type="checkbox"/> DELETE
NAME	TAYLOR, NORMAN BERRY	
STREET ADDRESS	7000 S. TAMiami TRAIL	
CITY- ST- ZIP	VENICE FL	
TITLE	DCS	<input type="checkbox"/> DELETE
NAME	TAYLOR, THOMAS H., SR.	
STREET ADDRESS	7000 S. TAMiami TRAIL	
CITY- ST- ZIP	VENICE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TAYLOR, THOMAS H., JR.	
STREET ADDRESS	7000 S. TAMiami TRAIL	
CITY- ST- ZIP	VENICE FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	TAYLOR, RUTH ELLEN	
STREET ADDRESS	7000 S. TAMiami TRAIL	
CITY- ST- ZIP	VENICE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TAYLOR, JAMES DAVID	
STREET ADDRESS	7000 S. TAMiami TRAIL	
CITY- ST- ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 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)(b), 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 21 attachment with an address.

SIGNATURE: *T. H. Taylor, Sr.* **T. H. Taylor, Sr.** 3-7-96 941-493-8549  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY MONTH YEAR DAY MONTH YEAR

CR2E034 (12/95)