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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

| DOCUMENT # L35710 (7) TAYLOR BANCH, INC.  Principal Place of Business 7000 TAMIAMI TRAIL. SOUTH VENICE FL 34293  Mailing Address 7000 TAMIAMI TRAIL. SOUTH VENICE FL 34293-5114  |   |  |  | SOUTH  |  |                               |   |  |
|--|---|--|--|--|--|-------------------------------|---|--|
|  |   |  |  |  | 3. Date Incorporated or Qua  |                               | Date of Lest Re/<br>/18/1996                | eport  |
| 2. Principal P   | tace of Business  | 2a.  | Mailing Address                                  |  | 4. FEI Number  | 100                           | · · · · · · · · · · · · · · · · · · ·       | plied For  |
| 1  | H   | 26   | City Apt II ata                                  | ****   | 59-2992247   |                               |   | t Applicable   |
| Suite, Apt   | #, etc.   | 27   | Suite, Apt. #, etc.                              |  | 5. Certificate of Status Desire  | ed 🔲                          | \$8.75 /<br>Fee Re                          |  |
| City & Stati   | e   | 147]   | City & State                                     |  | 6. Election Campaign Finance   | oing                          | \$5.00                                      |  |
| 3  |   | 28   |  |  | Trust Fund Contribution  |                               | Added t                                     |  |
| Zip<br>Ti  | Country   | -  | Zip  | Country  | 8. This corporation has liabili  |                               |   | 199.032,   |
| 4  | 25<br>9. Name and Address   | 29<br>of Current Regis   | tered Agent                                      | 30   | Fiorida Statutes  10. Name and Address of No.  | Yes<br>ew Registered          |   |  |
| TAY  | LOR, THOMAS H. SR   |  |  | 81 Name  |  |                               |   |  |
|  | S TAMIAMI TRAIL   |  |  | 82 Street A  | Address (P.O. Box Number is Not Acc  | ceptable)                     |   |  |
| VEN  | ICE FL 34293  |  |  |  |  |                               |   | ····   |
|  |   |  |  | 83   |  |                               |   |  |
|  |   |  |  | 84 City  |  | FI                            | 85 Zip (                                    | Code   |
| 11. Pursuant   | to the provisions of Section  | ns 607.0502 and 6  | 07.1508, Florida Sta                             | atutes, the above-named  | corporation submits this statement fo  |                               |   | s registered   |
|  | registered agent or both it   | in the Otato ad Class  |  |  | oration's heard of directors. I heroby   | raccent the an                | pointment as                                | registered   |
| office or r<br>agent. La   | m familiar with, and acced  | in the State of Florion<br>of the obligations of   | da. Such change w<br>L Section 607.0505          | as authorized by the corp<br>Florida Statules  | contions board of directors, thereby   | accept the up                 | <b>P</b>                                    | •  |
|  | im familiar with, and accep   | of the obligations of  | da. Such change w<br>f. Section 607.0505         | as authorized by the corp<br>, Florida Statules.   | corporation submits this statement fo<br>location's board of directors. I hereby                 | accopt inc up                 |   |  |
| SIGNATURE  | Signature typed or printed name of  | Free stered agent and little   | if applicable. {                                 | NOTE: Registered Agent signature   | required when reinstating)   | DATE                          |   |  |
| SIGNATURE  | Signaturi Typed or profedinance of OFF  |  | if applicable. {                                 | NOTE: Registered Agent signature<br>13.  | required when reinstating)  ADDITIONS/CHANGES TO   | DATE                          | ID DIRECTOR                                 | S IN 12  |
| SIGNATURE<br>12.<br>Tille  | Signaturi Typist or printed name of OFF   | Frequency and little   | if applicable. {                                 | NOTE: Registered Agent signature  13.  1.1 TiTLE   | required when reinstating)  ADDITIONS/CHANGES TO  V D S  | DATE<br>OFFICERS AN           |   |  |
| SIGNATURE  12.  TILE  NAME   | Signature hyperfor priviled name of OFF V TAYLOR, NORMAN B  | Tregistered agent and little<br>FICERS AND DIREC   | if applicable. {                                 | NOTE: Registered Agent signature  13.  1.1 TiTLE  1.2 NAME   | ADDITIONS/CHANGES TO V D S TAYLOR, NORMAN  | DATE<br>OFFICERS AN           | ID DIRECTOR                                 | S IN 12  |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | Signaturi Typist or printed name of OFF   | Tregistered agent and little<br>FICERS AND DIREC   | if applicable. {                                 | NOTE: Registered Agent signature  13.  1.1 TiTLE   | required when reinstating)  ADDITIONS/CHANGES TO  V D S  | DATE<br>OFFICERS AN           | ID DIRECTOR                                 | S IN 12  |
| SIGNATURE  12.  HILE  NAME  STREET ADDRESS  CITY: ST. ZIP  | V TAYLOR, NORMAN B 7000 S. TAMIAMI TRA VENICE FL DCS  | Legistered agent and fille<br>FICERS AND DIREC<br>ERRY<br>ALL  | if applicable. {                                 | NOTE: Registered Agent signature  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS  | ADDITIONS/CHANGES TO V D S TAYLOR, NORMAN  | DATE<br>OFFICERS AN           | ID DIRECTOR                                 | S IN 12  |
| SIGNATURE  12.  HILE  NAME  STREET ADDRESS  GITY ST ZIP  HILE  | V TAYLOR, NORMAN B 7000 S. TAMIAMI TR/ VENICE FL DCS TAYLOR, THOMAS H   | I registered agent and little<br>FICERS AND DIREC<br>BERRY<br>ALL<br>., SR.  | of applicable. { CTORS DELETE                    | NOTE: Registered Agent signature  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  | ADDITIONS/CHANGES TO V D S TAYLOR, NORMAN  | DATE<br>OFFICERS AN           | ID DIRECTOR                                 | S IN 12  |
| SIGNATURE  12.  TILLE NAME STREET ADDRESS GITY- SI ZIP TILLE NAME STREET ADDRESS   | V TAYLOR, NORMAN B 7000 S. TAMIAMI TR/ VENICE FL DCS TAYLOR, THOMAS H. 7000 S. TAMIAMI TR/  | I registered agent and little<br>FICERS AND DIREC<br>BERRY<br>ALL<br>., SR.  | of applicable. { CTORS DELETE                    | NOTE: Registered Agent signature  13.  1.1 TiTLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS   | ADDITIONS/CHANGES TO V D S TAYLOR, NORMAN  | DATE<br>OFFICERS AN           | ID DIRECTOR                                 | S IN 12  |
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SIGNATURE:

NATURE AND TYPES OR BANTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

941-493-8549

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Phone #