


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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
7000 TAMiami TRAIL. SOUTH VENICE FL 34293		7000 TAMiami TRAIL. SOUTH VENICE FL 34293	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	26	59-2992247	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

3. Date Incorporated or Qualified	12/12/1989
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	
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, 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VDS <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, NORMAN B	1.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	1.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP
TITLE	DCS <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, THOMAS H., SR.	2.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	2.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP
TITLE	VDS <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, THOMAS H JR.	3.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	3.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP
TITLE	DPT <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RUTH ELLEN	4.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	4.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP
TITLE	VDS <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALORY, JAMES D	5.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	5.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VDS <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, NORMAN B	1.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	1.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP
TITLE	DCS <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, THOMAS H., SR.	2.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	2.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP
TITLE	VDS <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, THOMAS H JR.	3.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	3.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP
TITLE	DPT <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RUTH ELLEN	4.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	4.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP
TITLE	VDS <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALORY, JAMES D	5.2 NAME
STREET ADDRESS	7000 S. TAMiami TRAIL	5.3 STREET ADDRESS
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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 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: *Thomas H Taylor* **REQUIRED** Jan 28, 1998 941-493-8549

CR2E034 (10/97)