

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M23929** (6)

1. Corporation Name

RICHARD F. TAYLOR PLUMBING, INC.



Principal Place of Business

**170 GULFVIEW DRIVE
ISLAMORADA FL 33036**

Mailing Address

**170 GULFVIEW DRIVE
ISLAMORADA FL 33036**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**TAYLOR, RICHARD F.
170 GULFVIEW DRIVE
ISLAMORADA FL 33036**

3. Date Incorporated or Qualified

11/27/1985

3a. Date of Last Report

06/09/1995

4. FEI Number

59-2604194

Applied For
Not Applicable

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

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

Signature of the person who is registered agent of the corporation.

(NOTE: Registered Agent signature required after registration)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE ☐ DELETE

NAME
**PDV
TAYLOR, RICHARD F.
170 GULFVIEW DRIVE
ISLAMORADA FL**

12.2 TITLE ☐ DELETE

NAME
**ST
TAYLOR, PATRICIA A.
170 GULFVIEW DRIVE
ISLAMORADA FL**

12.3 TITLE ☐ DELETE

NAME

Street Address

City, St, Zip

12.4 TITLE ☐ DELETE

NAME

Street Address

City, St, Zip

12.5 TITLE ☐ DELETE

NAME

Street Address

City, St, Zip

12.6 TITLE ☐ DELETE

NAME

Street Address

City, St, Zip

12.7 TITLE ☐ DELETE

NAME

Street Address

City, St, Zip

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY - ST - ZIP

14. I 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)(k), 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:

Patricia A. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/96 305-661-4736
DATE AND PHONE NUMBER

CR2E034 (12/95)