FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 15 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003415 (7)

1. Corporation Name

TAYLOR COASTAL UTILITIES, INC.

Principal Place of Business	Mailing Address
406 BISHP BLVD. PERRY FL 32347	P.O. BOX 1126 PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1993
3a. Date of Last Report: 05/04/1994
4. FEI Number: 59-3192651 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

MEISSNER, ROBERT W P.E.
406 BISHOP BLVD.
PERRY FL 32347

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BEACH, TRAVIS	1.2 NAME	
STREET ADDRESS	RT 2 BOX 1313	1.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Director ☑ Change ☐ Addition
NAME	CARLTON, CHARLES	2.2 NAME	Lewis Moody
STREET ADDRESS	RT 2 BOX 85	2.3 STREET ADDRESS	Routt 2, Box 103
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, MADELYN	3.2 NAME	
STREET ADDRESS	RT 2 BOX 121	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	EVERETT, DON JR	4.2 NAME	
STREET ADDRESS	RT 2 BOX 216	4.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	Secretary/Treasurer/Director ☑ Change ☐ Addition
NAME	FAULKER, GWEN	5.2 NAME	Robert W. Meissner
STREET ADDRESS	1209 N QUINCY ST	5.3 STREET ADDRESS	406 Bishop Blvd
CITY-ST-ZIP	PERRY FL 32347	5.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MCKINNEY, MIKE	6.2 NAME	
STREET ADDRESS	P O BOX 1428	6.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W. Meissner Robert W. Meissner 3-4-95 904-584-5087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Sec/Treas — Date — Daytime Phone #

0026148