

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003415 (7)

1. Corporation Name

TAYLOR COASTAL UTILITIES, INC.



Principal Place of Business

Mailing Address

~~406 BISHOP BLVD.~~ Route 2, Box 203 P.O. BOX 1126
~~PERRY FL 32347~~ Sandpiper Road
Cedar Island
Perry, FL 32347

2. Principal Place of Business

2a. Mailing Address

21 See about, Rt 2, Box 203

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Sandpiper Rd, Cedar Island

27

City & State

City & State

23 Perry FL

28

Zip

Country

Zip

Country

24 32347

25 Taylor

29

30

3. Date Incorporated or Qualified

07/29/1993

3a. Date of Last Report

03/15/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEISSNER, ROBERT W P.E.

~~406 BISHOP BLVD.~~

PERRY FL 32347

81 Name

Samy

82 Street Address (P.O. Box Number is Not Acceptable)

Route 2, Box 203

83

Sandpiper Road, Cedar Island

84 City

Perry

FL

85 Zip Code

32347

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Robert W. Meissner

Robert W. Meissner, R.E. Sec/Treas

3-23-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BEACH, TRAVIS
STREET ADDRESS RT 2 BOX 1313
CITY-ST-ZIP PERRY FL 32347

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Route 2, Box 131
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MOODY, LEWIS
STREET ADDRESS ROUTE 2, BOX 103
CITY-ST-ZIP PERRY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME COLLINS, MADELYN
STREET ADDRESS RT 2 BOX 121
CITY-ST-ZIP PERRY FL 32347

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Larry Murphy
3.3 STREET ADDRESS Route 2, Box 165-E
3.4 CITY-ST-ZIP Perry, FL 32347

TITLE VD ☒ DELETE
NAME EVERETT, DON JR
STREET ADDRESS RT 2 BOX 216
CITY-ST-ZIP PERRY FL 32347

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME Betty Towles
4.3 STREET ADDRESS Route 2, Box 244A
4.4 CITY-ST-ZIP Perry, FL 32347

TITLE STD ☐ DELETE
NAME MEISSNER, ROBERT W.
STREET ADDRESS 406 BISHOP BLVD.
CITY-ST-ZIP PERRY FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS Route 2, Box 203, ~~Perry~~
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MCKINNEY, MIKE
STREET ADDRESS P O BOX 1428
CITY-ST-ZIP PERRY FL 32347

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME VD
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Travis Beach

Pres 3-23-96 404-578-2897

Date

Daytime Phone #

CR2E037 (12/95)