2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 27, 2007 08:00 AM Secretary of State DOCUMENT # P03000124011 1. Entity Name TAYLOR ELECTRIC, INC. Principal Place of Business Mailing Address 3765 LEVINS ROAD MULBERRY FL 33860 3765 LEVINS ROAD MULBERRY FL 33860 2. Principal Placo of Businoss - No P.O Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 73-1686581 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, DONALD L Street Address (P.O. Box Number is Not Acceptable) 3765 LEVINS ROAD MULBERRY FL 33860 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. , . Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HHE ☐ Change ☐ Addition TAYLOR, DONALD L NAME 3765 LEVINS ROAD STREET ADDRESS STREET ADDRESS U00000739467 MULBERRY FL 33860 CITY ST-7IP CITY-ST-ZIP 05/14/07-80027-025 150.00 THE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST-7IP Dolete TOTALE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-CT-ZIP TIME ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP TITLE Delete HILE Change Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ШЩ ☐ Delete ПL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with appeddress, with all other like empowered.

Donald L. Taylor

04/14/2007

Daytime Phone #