

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
  
95 APR 18 PM 6:00  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000015461 (6)**

1. Corporation Name  
**MARY L. TAYLOR, P.A.**

Principal Place of Business      Mailing Address  
**1 TAMPA CITY CENTER, SUITE 2250  
TAMPA FL 33602**      **P.O. BOX 271364  
TAMPA FL 33688**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/31/1992**      **09/02/1994**

2. Principal Place of Business      2a. Mailing Address  
21. **Tampa City Center**      26. **PO BOX 2920, TAMPA**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22. **Tampa 3505**      27.      **Tampa FL**  
City & State      City & State  
23. **Tampa FL**      28. **Tampa FL**  
Zip      Zip      County      County  
24. **33602**      25. **Hills**      29. **33601**      30. **Hills**

4. FEI Number **54-3282376**      Applied For  
**NOT APPLICABLE**      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. 100.002, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**TAYLOR, MARY L  
201 N. FRANKIN ST., SUITE 2250  
TAMPA FL 33602**

10. Name and Address of New Registered Agent  
81. Name **Taylor Mary L**  
82. Street Address (P.O. Box Number is Not Acceptable) **201 N FRANKLIN Street**  
83. **SUITE 2505**  
84. City **TAMPA**      FL      85. Zip Code **33689**

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: **Mary Taylor**      **Mary L Taylor**      **4/12/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>TAYLOR, MARY L</b>
STREET ADDRESS	<b>3607 SCHEFFLERA RD</b>
CITY, ST, ZIP	<b>TAMPA FL 33618</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 Sections 119.07(3)(b), 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: **Mary Taylor**      **Mary L Taylor**      **4/12/95**      **813-273-9666**