SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

. 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000015461

MARY L. TAYLOR, P.A.

Principal Place of Business Mailing Address 1 TAMPA CITY CENTER. SUITE 2250 P.O. BOX 2920 **SUITE 2505** TAMPA FL 33601 DO NOT WRITE IN THIS SPACE TAMPA FL 33602 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3282376 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intaggible 24 29 Personal Property Tax due June 30. ☐ Yes 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TAYLOR, MARY L 201 N FRANKLIN STREET Street Address (P.O. Box himmerish) postation B - 08/19/97--010 82 **SUITE 2505** 83 Tampa FL 33688 ****165.00 ****165.00 84 City 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 Elonda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Length and accept the corporation with and accept the collisions of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE ☐ Addition TITLE 1.1 TITLE MARY TAYLOR **36**07 SCHEFFLERA ROAD STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-7IP 1.4 CITY-ST-ZIF ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE M8/18

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, we on an attach went with an address.

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

CIGNIATURE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

9/7/97 813-222-9666

Change

Addition

APPROVED

97 AUG 15 PM 12: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA