FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025357 (3)

KRAWCZYK - TAYLOR, INC.

Principal Place of Business Mailing Address 1231 MT. VERNON ST. 1231 MT. VERNON ST. ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1993 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 59-3168911 Not Applicable Sulte, Apt. #. etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Zır Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 i Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KRAWCZYK, JOSEPH 1231 MT. VERNON ST. **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 ORLANDO FL 32803 84 City 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 Signature, typed or printed runner of registered agreet and the Lappis able (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PSTD DELETE Change Addition 1.1 TITLE KRAWCZYK, JOSEPH NAME 1.2 NAME 1231 MT. VERNON ST. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition TAYLOR, MATTHEW NAME 22 NAME STREET ADDRESS 1231 MT. VERNON ST. 23 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3.4. C(TY - ST - ZIP TITLE 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 TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change 6.1 TITLE ___ Addition NAME 6.2 NAME STREET ADDRESS 63 STHEET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 or an attachment with an address.

6.4 CITY - ST - ZIP

Maden

FILED

May 11 1998 8:00am

Secretary of State