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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P93000025602 (2)

TAYLOR AIRPORT TRANSPORTATION AND REMOVAL SERVIC E, INC.

## FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10299 SUNSHINE GROVE ROAD 10299 SUNSHINE GROVE ROAD **BROOKSVILLE FL 34613 BROOKSVILLE FL 34813** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 <u>59-3177030</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, PAUL 10299 SUNSHINE GROVE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **BROOKSVILLE FL 34613** 83 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 name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change Addition 1 1 TITLE TITLE TAYLOR, PAUL NAME 12 NAME 10299 SUNSHINE GROVE ROAD STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL 34813** 1.4 CITY - ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Chance TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. I 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 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:

B. Sand of aylor

B. PAUL TAY/OR

4-14-98

1-352-597-2400