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Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P93000051875 (1)

TAYLOR PRODUCTIONS, INC.

.520 W: GARDEN ST 529 W. GARDEN 8T PENSACOLA FL 32501 PENSACOLA FL 32501-4700 3. Date Incorporated or Qualified 3a. Date of Last Report 07/22/1993 06/26/1996 2. Principa: Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3197853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 ly & State y & State 6. Election Campaign Financing \$5.00 May Be 16000000 aco la Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MONNIG. SANDRA 229 SABINE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA BEACH FL 32561 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Typed or profed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE 1:04 1.1 TITLE Change Addition MONNIG, SANDRA NAME 1.2 NAME 229 SABINE DRIVE STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA BEACH FL CITY - ST - 2IP 1.4 CITY-ST-ZIP DELETE THLE 2.1 TITLE Change Addition MONNIG, TIMOTHY NAME 2.2 NAME 229 SABINE DRIVE STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA BEACH FL CITY - ST-ZIP 2.4 CITY-ST-ZIP 1111.6 ■ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZII 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADORESS C 1Y+S1+2IP 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 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.

FILED Feb 11 1997 8:00am Secretary of State

Daytime Phone #

