CORPORATION ANNUAL REPORT 1995

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

# DOCUMENT # P94000040831 (7)

1. Corporation Name
**TAYLOR RETAIL SPECIALTIES, INC.**

FILED
95 MAY -1 PM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 2519 MCMULLEN BOOTH RD<br>SUITE 510-H<br>CLEARWATER FL 34621 | 2519 MCMULLEN BOOTH RD<br>SUITE 510-H<br>CLEARWATER FL 34621 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 156 Douglas Rd. E.
22: Suite, Apt. #, etc.
23: City & State: Oldsmar FL
24: Zip: 34677 25: Country: USA

2a. Mailing Address
26: P.O. Box 962
27: Suite, Apt. #, etc.
28: City & State: Oldsmar FL
29: Zip: 34677 30: Country: USA

4. FEI Number: 59-3255032 ☐ Applied For ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAYLOR, CAPP P
2519 MCMULLEN BOOTH RD
SUITE 510-H
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 156 Douglas Road East
83:
84 City: Oldsmar FL 85 Zip Code: 34677

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | TAYLOR, CAPP P | 1.2 NAME | |
| STREET ADDRESS | 10 HAMMOCK PL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Capp P. Taylor Capp P. Taylor 1/16/95 (813)854-4554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047761 CP