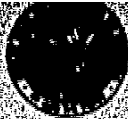


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
Candice S. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000040831 (7)

1. Corporation Name

TAYLOR RETAIL SPECIALTIES, INC.

95 MAY -1 PM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2519 MCMULLEN BOOTH RD
SUITE 510-H
CLEARWATER FL 34621

Mailing Address

2519 MCMULLEN BOOTH RD
SUITE 510-H
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.**

2a. Mailing Address

26 **P.O. Box 962**

4. FEI Number

59-3255032

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

23 **Oldsmar FL**

City & State

27 **Oldsmar FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

Zip

Country

24 **34677**

25 **USA**

Zip

Country

29 **34677**

30 **USA**

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **TAYLOR, CAPP P**
STREET ADDRESS **10 HAMMOCK PL**
CITY - ST - ZIP **SAFETY HARBOR FL 34695**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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

Date

1/16/95

(213)8544559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR