

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000040831 (7)

1. Corporation Name

TAYLOR RETAIL SPECIALTIES, INC.



Principal Place of Business

Mailing Address

156 DOUGLAS RD E
SUITE 510-H
OLDSMAR FL 34677
US

PO BOX 962
SUITE 510-H
OLDSMAR FL 34677
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 202 10th Ave N.

Suite, Apt. #, etc.

22 B

City & State

23 Safety Harbor

Zip

24 34695

Country

25 U.S.

2a. Mailing Address

26 202 10th Ave N.

Suite, Apt. #, etc.

27 B

City & State

28 Safety Harbor

Zip

29 34695

Country

30 U.S.

9. Name and Address of Current Registered Agent

TAYLOR, CAPP P
156 DOUGLAS RD E
SUITE 510-H
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

Capp Taylor

82 Street Address (P.O. Box Number is Not Acceptable)

2519 McMullen Booth Rd #570-H

83

33761

84 City

Clearwater

FL

85

Zip Code

33761

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

0

☒ DELETE

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

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change

☒ Addition

1.2 NAME

Dana Taylor

1.3 STREET ADDRESS

10 HAMMOCK PLACE

1.4 CITY-ST-ZIP

Safety Harbor FL 34695

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 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 in an attachment with an address.

SIGNATURE

4/27/98

x13 786-1084

CR2E034 (10/97)