SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000006788 (0) **DOCUMENT #** TAYLOR-CADY ENTERPRISES, INC. Principal Place of Business Mailing Address 1296 W. MAIN ST. 1296 W. MAIN ST. WAUCHULA FL 33873 WAUCHULA FL 33873 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-05*5*2 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation has hability for intangible tax under s 199 032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BURTON, JOHN W.H. 501 W. MAIN ST. 82 Street Address (P.O. Box Number is Not Acceptable) WAUCHULA FL 33873 83 A4 Crty 85 Zip Code FL 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, type I or prioted name of registered agent and rife if applicable (NOTE Brightered Agent signature required when reinstitling) DAIL 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (3/96) TITLE **PSTD** DELETE 11 TITLE Change Addition NAME DALLETT, SANDRA L 1.2 NAME 1296 W. MAIN ST. STREET ADDRESS 1.3 STREET ADDRESS WAUCHULA FL 33873 DITY-ST-ZIP 1.4 CITY - \$1 - 7IP TITLE DEI.ETE 2.1 THILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 THEF Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - 71P 5.4 CITY - ST - 7IP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CrTY - ST - 7IP 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 617, Florida Statutes; and that my name agrees in Brock 12 or Block 13 if chapter 0 or on an atherborate with an address. an addres

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR