SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of Business	Mailing Address				
1296 W. MAIN ST. WAUCHULA FL 33873	1296 W. MAIN ST. Wauchula Fl 33873				

FILED Sep 16 1997 8:00am Secretary of State

1. Corporation Name TAYLOR-CADY ENTERPRISES, INC. Principal Place of Business Mailing Address 1296 W. MAIN ST. WAUCHULA FL 33873 WAUCHULA FL 33873							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3a. Date of Last Report					
	D-111 D	Harris of Direct						01/19/1995	07,	/19/1996		
21	Principal P	cipal Place of Business 2a. Mailing Address 26					4. FEI Number		<u> </u>	oplied For ot Applicable		
	Suite, Apt. #, etc.				Suite, Apt. #, etc.			65-0552550	- \$9.75 Additional			
22				27	27			5. Certificate of Status Desired			equired	
23	City & State			28	City & State			Election Campaign Financing Trust Fund Contribution				
_	Zip		Country		Zip	Count	ry	8. This corporation owes or has p	_		~ _	
24	25 29 30 30 9. Name and Address of Current Registered Agent				30]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
ļ	DUE			itelit negisi	reren Agent	8	1 Name	10. Name and Address of New H	ediarecea	Agent		
		rton, Joh V. Main :				_		(0.0.0.1)				
		UCHULA F				6	2 Street A	ddress (P.O. Box Number is Not Accepta	abiej			
						В	3					
						8	4 City			85 Zip (Code	
	44 D								<u>FL</u>	. ` `		
	office or r agent. I a	registered ag im f a miliar w	gent, or both, in the S ith, and accept the o	tale of Florio	ia. Such change was , Section 607.0505, Fi	authorized l orida Statut	by the corpo	orporation submits this statement for the oration's board of directors. I hereby acci	ept the app	changing it cintment as	registered	
		Signaturo, lypico	or pointed name of registere				gent signature re	quired when reinstating)	DATE			
12.	· · · · · · · · · · · · · · · · · · ·	PSTD	OFFICERS	AND DIREC	DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition	
NAM			, SANDRA L			1.2 NAM				Onange	C ANOMOR	
STRE	ET ADDRESS		MAIN ST.				ET ADDRESS					
ÇITY	-ST-ZIP	WAUCH	JLA FL 33873			1.4 CITY	- ST - ZiP					
TITLE					☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAM	E					2.2 NAM	E					
STRE	ET ADDRESS					2.3 STRE	E1 ADDRESS					
	-ST-ZIP	<u></u> -			D britte		- ST - ZIP					
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NAM						3.2 NAM						
	et address -st-zip						ET ADDRESS					
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	ET ADDRESS						ET ADDRESS					
	- ST - ZIP					4.4 CITY						
TITLE					DELETE	5.1 TITLE				Change	Addition	
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STRE	ET ADDRESS					5.3 STRE	E1 ADDRESS					
CITY	-ST-ZIP					5.4 CITY	- SI - ZIP					
TITLE					DELETE	61 TITLE				Change	Addition	
NAM	E j					6.2 NAMI	E					
STRE	ET ADDRESS					63 STRE	et address					
CITY	-ST-ZIP					64 CITY	- ST - 7/P					

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 Nock 13 if changed, or on an a tachment with an address.