

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90032 042 ***150.00

DOCUMENT # P95000014897

1. Corporation Name

TAYLOR PETROLEUM COMPANY, INC.

Principal Place of Business

1212 W LIVINGSTON AVE
ORLANDO FL 32805-0968
US

Mailing Address

77 2ND STREET
SOMERVILLE NJ 08876

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1995

4. FEI Number

22-3384150

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

COLLINS, GEORGE G JR
756 BEACHLAND BLVD.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, GEORGE F	
STREET ADDRESS	77 2ND STREET	
CITY-ST-ZIP	SOMERVILLE NJ 08876	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WORKMAN, RICHARD	
STREET ADDRESS	20 BAKER CIR	
CITY-ST-ZIP	SOMERVILLE NJ 08876	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPALDING, FRANKIE	
STREET ADDRESS	158 KJUNESVILLE RD	
CITY-ST-ZIP	FLEMINGTON NJ 08826	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, DAVID	
STREET ADDRESS	173 W HIGH ST	
CITY-ST-ZIP	SOMERVILLE NJ 08876	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Taylor, George F	
1.3 STREET ADDRESS	77 2nd Street	
1.4 CITY-ST-ZIP	Somerville, NJ 08876	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Workman, Richard	
2.3 STREET ADDRESS	23 Baker Circle	
2.4 CITY-ST-ZIP	Somerville, NJ 08876	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/99 9087257737

CR2E034 (11/98)