

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

FILED
Jun 02 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 # P95000030737			
1. Corporation Name: TAYLORED Business Services, Inc.			
Principal Place of Business:		Mailing Address:	
14423 NW 118 Ave. Alachua, FL 32615		same	
2. Principal Place of Business:		2a. Mailing Address:	
21 14423 NW 118 Ave	26 14423 NW 118 Ave	4. FET Number: 59-3310730	
22 Suite Apt #, etc.	27 Suite Apt #, etc.	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Alachua	28 Alachua	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 32615	29 32615	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
25 Alachua	30 Alachua	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent		81 Name	
Valerie Taylor		82 Street Address (P.O. Box Number is Not Acceptable)	
14423 NW 118 Ave.		83	
Alachua, FL 32615		84 City	
		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 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: _____ (NOTE: Registered Agent signature required when re-registering)			
DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Sec, Treas	11 TITLE	☐ Change ☐ Addition
NAME	Valerie E. Taylor	12 NAME	
STREET ADDRESS	14423 NW 118 Ave.	13 STREET ADDRESS	
CITY-ST-ZIP	Alachua, FL 32615	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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).			
SIGNATURE: Valerie Taylor		5/1/98 352-373-8055	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date: Daytime Phone #	

CR2E034 (10/97)