FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	996	DIVISION OF CO			
DOCUM 1. Corporation N		00034108 (7))		
TAYLC	DR'D SYSTEMS, INC.				
Principal Place o	of Business	Mailing Address			\$1 1 \$0\$ 00 40 06 0 0 \$6 00 9 10 0
11738 HIDDI	EN HILLS DRIVE S. LLE FL 32225	11738 HIDDEN HILLS C JACKSONVILLE FL 322			
MONOOMIN	LLE IL OLLEO	• • • • • • • • • • • • • • • • • • • •		3. Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
		26]		59-3311468	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		[28]		Trust Fund Contribution 8. This corporation has liability for	Added to Fees
Zip ⊒	Country 25	Ζφ 29	Country	Florida Statutes Ye	
4	9. Name and Address of Curre			10. Name and Address of New	Registered Agent
			81 Name	MMIE R. TAYLOR	-
	W FIRM OF LAWRENCE J SP	NEGEL CHRTD	82 Street Addr	ess (P.O. Box Number is Not Accepta	ible)
	MERIA AVENUE		83	738 HIDDEN HILLS	<u> </u>
CURAL	. GABLES FL 33134				85 Zip Code
				ACKSONVILLE	FL 32225
11. Pursuant to	the provisions of Sections 607,050	02 and 607.1508, Florida Statutes	, the above named corpor	ration submits this statement for the p rd of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
or registere familiar with	nd agent, or both, in the State of Flo n, and accept the obligations of Sec	ction 607 #505, Florida Statutes.		\wedge	-16,
SIGNATURE _	TICCO	u, w	JIMMIE R. T. Registered Agent signature require	d Wien reinstelling	5/6/96>
12.	Signature, typical or print of name of registered age OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1. 1 TITLE		Change Addition
NAME	TAYLOR, JIMMIE RAY	11. mm P1	1,2 NAME		
STREET ADDRESS	11738 HIDDEN HILLS DRI JACKSONVILLE FL 32225		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32223	T DELETE	1.4 CHY - ST - ZIP 2 1 TITLE		Change Addition
NAME		L.J	22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		E POLITI	2 4 CITY - ST - ZIF		Change Accuse
TITLE		☐ DELETE	3 1 TITLE 3.2 NAME		El cumana
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 4.4 CITY - ST - ZIP	•	
CITY-ST-ZIP TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREE1 ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		FINGER	5.4 CITY - ST- ZIP 6 1 TITLE	AAAA - 1979 12	Change Addition
TITLE		DEFELE	6.2 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		
DITH OF THE			6.4 CITY- ST- 71°		40 03(0)() FL : : 50 L : 17 D
14. I do hereb				for the exemption stated in Section 1 rate and that my signature shall have t	
oath: that	Tam an officer or director of the col Block 12 or Block <u>13</u> if changed, c	rporation or the receiver or trusted	empowered to execute it	nis report as required by Chapter 607.	Florida Statutes; and that my name
	\bigcirc	3	T D	Tours elile	Of ONITION
SIGNAT	URE: XIC	OR PRINTED NAME OF SIGNING OFFICE	JIMMIE K	.TAYLOR 5/6/9	16 904-642-2775
	SIGNATURE AND TYPE	ON PRINTED NAME OF SIGNING OFFICE	a ou purchiou	E-010	·