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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046291 (7)

1. Corporation Name
TAYLOR, BEAN & WHITAKER LTD, INC.

Principal Place of Business
2233 SE FT. KING ST., #B
OCALA FL 34471

Mailing Address
2233 SE FT. KING ST., #B
OCALA FL 34471-2522



| | | | | | | | |
|---|--|-------------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/09/1995 | | 3a. Date of Last Report 05/24/1996 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 59-3341350 | | Applied For Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 30. Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent ORT, GARY W 2233 SE FT. KING STREET STE. B OCALA FL 34471 | | | | 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. Suite 84. City 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: *Gary Garrett* DATE: 4/18/97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---------------------------------|
| TITLE | D | 1.1 TITLE | |
| NAME | FARKAS, LEE B | 1.2 NAME | |
| STREET ADDRESS | 2233 SE FT. KING ST., #B | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | Director |
| NAME | BALDWIN, GARRET J | 2.2 NAME | Garrett Baldwin |
| STREET ADDRESS | 2233 SE FT. KING ST., #B | 2.3 STREET ADDRESS | 2233 SE Fort King Street, Ste C |
| CITY-ST-ZIP | OCALA FL 34471 | 2.4 CITY-ST-ZIP | Ocala, FL 34471 |
| TITLE | D | 3.1 TITLE | President |
| NAME | GARRETT, GARY J | 3.2 NAME | Gary Garrett |
| STREET ADDRESS | 2233 SE FT. KING ST., #B | 3.3 STREET ADDRESS | 2233 SE Fort King Street, Ste C |
| CITY-ST-ZIP | OCALA FL 34471 | 3.4 CITY-ST-ZIP | Ocala, FL 34471 |
| TITLE | P | 4.1 TITLE | |
| NAME | ORT, GARY W | 4.2 NAME | |
| STREET ADDRESS | 2233 SE FT. KING STREET, STE. B | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | Director |
| NAME | | 5.2 NAME | Timothy Parker |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 2233 SE Fort King Street, Ste C |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Ocala, FL 34471 |
| TITLE | | 6.1 TITLE | Director |
| NAME | | 6.2 NAME | Coda Roberson III |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 2233 SE Fort King Street, Ste C |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Ocala, FL 34471 |

14. 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary J. Garrett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97 (352) 351-1109
DATE DAYTIME PHONE #

CR2E034 (9/96)