

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053387 (3)

1. Corporation Name
TAYLOR & WHITE, INC.



Principal Place of Business: **2468 ATLANTIC BLVD. JACKSONVILLE FL 32207**
Mailing Address: **2468 ATLANTIC BLVD. JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **07/11/1995**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 3115 SPRING GLEN RD.	26 3115 SPRING GLEN RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 507	27 SUITE 507
City & State	City & State
23 JACKSONVILLE FL	28 JACKSONVILLE FL
Zip	Zip
24 32207	29 32207
Country	Country
25 USA	30 USA

4. FEI Number: **59-3326966**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PAUL, HERMAN S
2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81 Name: **D. GLYNN TAYLOR**
82 Street Address (P.O. Box Number is Not Acceptable): **7344 COLONY COVE LN.**
83
84 City: **JACKSONVILLE** FL 85 Zip Code: **32277**

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]* 2/15/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, ROBERT D JR.	
STREET ADDRESS	1218 SHALLOWFORD DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, D. GLYNN	
STREET ADDRESS	7344 COLONY CORK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	7344 COLONY COVE LANE
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	500001736495
54 CITY-ST-ZIP	-03/08/96--01009--006
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	***200.00
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* 2/15/96 (904) 346-0671

CR2E034 (12/95)