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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90001 045 \*\*\*150.00

DOCUMENT #	P95000094059	5

BARBARA ANN TAYLO	OR, INC.											
Principal Place of Business Mailing Address					1	1 (201(30) 114 16			****	.,,		
6772 COLONY DRIVE SO ST PETERSBURG FL 33705  6772 COLONY DRIVE SO ST PETERSBURG FL 33705							D	O NOT WRI	TE IN THIS	SPAC	E	
					·		12/08/1995	or Qualifed				
2. Principal Place of Business	2a.	Mailing Address				4.	FEI Number			L	Applied For	
21	26						59-33608 <u>41</u>				Not Applicable	
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Statu	is Desired			.75 Additional ee Required	
City & State	28	-City & State				~6.	Election Campaig Trust Fund Contri			τ -	5:00_May Re dded to Fees	
Zip C. 25	ountry 29	Zip	Cour	itry		8.	This corporation of Personal Property		ent year Inte	angible		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
TAYLOR, BARBARA		==-	L	81 82	Name Street Addres	ss (P	P.O. Box Number is	Not Accepta	ıble)			
6772 COLONY DRIVI ST PETERSBURG FL				83								
			Į	84	City			•	FL	85	Zip Code	
11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and	both, in the State of Florid	la. Such change was a	uthorized	by 1	the corporation	ratior n's bo	n submits this state pard of directors. H	ment for the hereby accer	purpose of on the purpoir	changi 1tment	ing its registered as registered	
SIGNATURE	d name of registered agent and title	# neglection (MOTE	· Demetered	laen	t signature required v	when n	roinetation)		DATE			
Signature, typed or printe	OFFICERS AND DIRE	··	13.	-gen	r signature required v		ADDITIONS/CHAN	GES TO OF		D DIR	ECTORS IN 12	
14.	OF FICENS AND DIKE						, LOUIS OF THE	020 10 01	, , JUI 10 MI			

N 12 ☐ Addition ☐ DELETE 1.1 TITLE TITLE TAYLOR, BARBARA A 1.2 NAME **6772 COLONY DRIVE SO** 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33705 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE TAYLOR, ROBERT 2.2 NAME NAME 6772 COLONY DRIVE SO 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33705 2. 4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NÁMÉ 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-\$T-ZIP ☐ Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition | Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

CHRED ANN

727.867.195

CR2E034 (11/98)