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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90042 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000098042

1. Corporation Name

TAYLOR MANUFACTURING COMPANY, INC.

Principal Place of Business

150 WEST OAKDALE
CRESTVIEW FL 32536

Mailing Address

150 WEST OAKDALE
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1995

4. FEI Number

59-3355478

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 1860 Old Hwy 98

27 Suite, Apt. #, etc.

28 Destin, FL

29 Zip Country

30 32541

30 USA

9. Name and Address of Current Registered Agent

POWELL, JAMES
ONE PROGRESS PLAZA
BARNETT TOWER SUITE 1210
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

James Powell

4-14-99

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LEWIS, MARY A
STREET ADDRESS 150 W OAKDALE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☐ DELETE
NAME WILSON, WILLIAM N
STREET ADDRESS 150 W OAKDALE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☐ DELETE
NAME WILSON-WILKES, CLARE T
STREET ADDRESS 150 WEST OAKDALE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☐ DELETE
NAME WILSON, CLARE T
STREET ADDRESS 150 WEST OAKDALE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1860 Old Hwy 98
1.4 CITY-ST-ZIP Destin, FL 32541

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS Same as above
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Same as above
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Same as above
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

(850) 654-5501

Date

Daytime Phone #

CR2E034 (11/98)