2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # P95000098042 TAYLOR MANUFACTURING COMPANY, INC. 04-21-2000 90174 018 ***150.00 Principal Place of Business Mailing Address 150 WEST OAKDALE 1860 OLD HWY 98 **DESTIN FL 32541-6901** Crestview FL 32538 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ant # etc. Applied For City & State City & State 4. FEI Number 59-3355478 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent em N. POWELL, JAMES Street Address (P.O. Box Number is Not Acceptable) ONE PROGRESS PLAZA **BARNETT TOWER SUITE 1210** ST. PETERSBURG FL 33701 City for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statemen (NOTE: Registered Agent signature required when reinstating) and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME LEWIS, MARY A NAME STREET ADDRESS STREET ADDRESS 1860 OLD HWY 98 CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME WILSON, WILLIAM N NAME STREET ADDRESS STREET ADDRESS 1860 OLD HWY 98 CITY-ST-7IE DESTIN FL 32541 CITY-ST-ZIP Detete Change ~ NAME WILSON-WILKES, CLARE T NAME STREET ADDRESS STREET ADDRESS 1860 OLD HWY 98 CITY-ST-7IP CITY-ST-ZIP DESTIN FL 32541 ☐ Delete TITLE Change Addition NAME WILSON, CLARE T NAME STREET ADDRESS STREET ADDRESS 1860 OLD HWY 98 CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PHINTED HAME OF SIGNING OFFICER OR DIRECTOR UNITED HAME OF SIGNING OFFICER OR DIRECTOR UNITED HAME OF SIGNING OFFICER OR DIRECTOR UNITED HAME OF SIGNING OFFICER OR DIRECTOR