

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90080 025 ***150.00

0291849

DOCUMENT # P96000005275

1. Corporation Name
TAYLOR & ZIEGENBEIN, P.A.

Principal Place of Business
2114 HILLCREST STREET
ORLANDO FL 32803

Mailing Address
2114 HILLCREST STREET
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1996

4. FEI Number

59-3352386

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 3535 Lawton Road

Suite, Apt. #, etc.

22 Suite 115

City & State

23 Orlando Florida

Zip

24 32803

Country

25 USA

2a. Mailing Address

26 3535 Lawton Road

Suite, Apt. #, etc.

27 Suite 115

City & State

28 Orlando Florida

Zip

29 32803

Country

30 USA

9. Name and Address of Current Registered Agent

ZIEGENBEIN, MICHELLE R
2114 HILLCREST STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name ZIEGENBEIN, Michelle R

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

3535 LAWTON ROAD

83 Suite 115

84 City Orlando

FL

85 Zip Code 32803

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 typed or printed name of registrant agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-99

12. OFFICERS AND DIRECTORS

TITLE VTD ☐ DELETE

NAME TAYLOR, PAULA M

STREET ADDRESS 2114 HILLCREST STREET

CITY-ST-ZIP ORLANDO FL 32803

TITLE PSD ☐ DELETE

NAME ZIEGENBEIN, MICHELLE R

STREET ADDRESS 2114 HILLCREST STREET

CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 3535 LAWTON ROAD, STE. 115

1.4 CITY-ST-ZIP ORLANDO, FLORIDA 32803

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3535 LAWTON ROAD, STE 115

2.4 CITY-ST-ZIP ORLANDO FL 32803

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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

1-11-99

Date

407 898 2251

Daytime Phone #

CR2E034 (11/98)