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FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000009562 (5)

1. Corporation Name
TAYLOR'S BUSINESS SERVICES, INC.

Principal Place of Business
172 OLD VENICE RD
OSPREY FL 34229

Mailing Address
P O BOX 283
OSPREY FL 34229-0283



3. Date Incorporated or Qualified
01/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 11772 V.C. JOHNSON ROAD
Suite Apt. # etc.

2a. Mailing Address

26 P.O. Box 26997
Suite, Apt. #, etc.

4. FEI Number

65-0641705

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

22 City & State

23 Jacksonville, FL

24 Zip

32218

Country

USA

27 City & State

28 Jacksonville, FL

29 Zip

32226

Country

USA

9. Name and Address of Current Registered Agent

CAUDLE, FRANCES M
172 OLD VENICE RD
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name
FRANCES M. CAUDLE

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

11772 V.C. JOHNSON ROAD

83

84 City
Jacksonville

FL

85 Zip Code
32218

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
Frances M. Caudle

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
CAUDLE, FRANCES M
STREET ADDRESS
172 OLD VENICE RD
CITY - ST - ZIP
OSPREY FL 34229

DELETE

TITLE
D
NAME
CAUDLE, HENRY E JR
STREET ADDRESS
172 OLD VENICE RD
CITY - ST - ZIP
OSPREY FL 34229

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

11772 V.C. JOHNSON ROAD
JACKSONVILLE, FL 32218

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

11772 V.C. JOHNSON ROAD
JACKSONVILLE, FL 32218

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY - ST - ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY - ST - ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY - ST - ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY - ST - ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
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15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
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16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 CITY - ST - ZIP

17.1 TITLE
17.2 NAME
17.3 STREET ADDRESS
17.4 CITY - ST - ZIP

18.1 TITLE
18.2 NAME
18.3 STREET ADDRESS
18.4 CITY - ST - ZIP

19.1 TITLE
19.2 NAME
19.3 STREET ADDRESS
19.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: Frances M. Caudle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 4/9/97
DAYTIME PHONE: 904/706-7912

CR2E034 (9/96)