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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Delegand Disease of Business

DOCUMENT # P9600039096 (8)

TAYLOR ENTERPRISES OF NORTHWEST FLORIDA, INC.

Mailing Address

FILED May 07 1997 8:00am Secretary of State



Fill bipai Flace of bosiness		(Meming Medicas			
1613 MARVIN / PORT ST. JOE		1613 MARVIN AVENUE PORT ST. JOE FL 32456-20	065		
				3. Date Incorporated or Qualified 04/22/1996	3a. Date of Last Report
2. Principal Pi	lace of Business	2a. Mailing Address		, 4. FEI Number	Applied For
21 109	B West 23rd St.	. 26]. 109 B. Wes	1230 21	. 59-33 8 3065	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E. Carlifficate of Ctatus Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	θ Λ. –	City & State	O	6. Election Campaign Financing	\$5.00 May Be
23 Yana	mality +L	28 Panama (uty th	Trust Fund Contribution	Added to Fees
Zip 24 32	105 25 U.S.A	210 29 32405	Country 30 USA	B. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ⊉Yes □ No
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent
TAY	LOR, ROBERT L II	· · · · · · · · · · · · · · · · · · ·	81 Namo		
	3 MARVIN AVENUE	•	82 Street A	ddress (P.O. Box Number is Not Acceptat	ale)
	RT ST. JOE FL 32456		109	B. West 23rd St.	
			L		
			84 City Pa	inama City	FL 85 Zip Code 32405
11. Pursuant	to the provisions of Sections 607 0502	and 607,1508, Florida Statule	es, the above-named outported by the corn	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered
agent. I a	am familiar with, and accept the obligation	ions of, Section 607.0505, Flo	rida Statutes.	oration's board of offectors. Thereby deed	in the appointment as regions of
SIGNATURE					
	Signature, typed or printed name of registered agen		: Registered Agent signature r		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	Change Addition
TITLE	D SAME OF CONTRACT	☐ DELETE	11 THLE		Change Addition
NAME	TAYLOR, CYNTHIA J		1.2 NAME	109 B. West 23rd	SA
STREET ADDRESS	1613 MARVIN AVENUE		1 3 STREET ADDRESS	169 15 WEST & S	32405
CITY-ST-ZIP	PORT ST. JOE FL 32456	- I prierr		Panama City, FL	
TITLE	D DODGET I	∐ DELETE	2 1 TITLE		Change Addition
NAME	TAYLOR, ROBERT L II		2.2 NAME	- a 2 west abrd	SA
STREET ADDRESS	1613 MARVIN AVENUE			104 13. West 21	- 1
CITY-ST-ZIP	PORT ST. JOE FL 32456		2 4 CITY - ST - ZIP	Panama City, 1-	८ 32405 □
TITLE		DELETE	31 TITLE	·	Change Addition
NAME .			3.2 NAME	• •	8 ° ³
STREET ADDRESS			3 3 STHEFT ADDRESS		
CITY-ST-ZIP		T pricit	3.4. CITY- ST- 7IP		Change Addition
TITLE		☐ DELFTE	4.1 11TLF		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CITY - ST - ZIP		Change Addition
		DELETE	6 4 7 (7) 5		
TITLE		DELETE	5.1 TALE		L. Change L. Addition
TITLE NAME		DELETE	5.2 NAME		L. Change L. Accident
TITLE NAME STREET ADDRESS		DELETE	5.2 NAME 5.3 STREET ADORESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CHY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CHTY- ST- ZIP 6.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 City - ST - ZiP 6.1 TITLE 6.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CHTY- ST- ZIP 6.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ DELETE	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	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same leg	☐ Change ☐ Addilion

Tam an officer or director of the corporation or the receiver or trusted 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.