05-05-1999 90187 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600039096

1. Corporation Name

Principal Place of Business

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TAYLOR ENTERPRISES OF NORTHWEST FLORIDA, INC.

109 B WEST 23RD ST PANAMA CITY FL 32405 US		109 B WEST 23RD ST PANAMA CITT FL 32405 US			3. 1	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						\ \ \	04/22/1996				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				FEI Number 59-3383065	1 1 2			lied For Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8		dditional
22		27	_			5.	Certifcate of Status Desired		•	ee Re	
City & State		City & State				6.	Election Campaign Financing	9 🗂	\$:	5.00	May Be
23		28					Trust Fund Contribution	* 🗆	A	dded to	Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the cu	ırrent year Inta			
24	25 29		30				Personal Property Tax.		XYe	s	□No
•	9. Name and Address of Curre	ent Registered Agent				10.	Name and Address of New	Registered A	\gent		
TAVI	OD DOREDT I II			81	Name						
	.or, robert l II W 23RD St		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)					
	AMA CITY FL 32405			83							
1744				63							
				84	City			FL	85	Zip C	ode
	to the provisions of Sections 607.05	00 4 007 4500 Finds Cantil		<u> </u>		aracetian	submits this statement for th		hang	na ite s	enistered
office or re	egistered agent, or both, in the Stat n familiar with, and accept the oblig	e of Florida. Such change was au	thorized	l by 1	the corpora	ration's boa	ard of directors. I hereby acc	ept the appoin	tment	as reg	istered
SIGNATURE		(A)OTE I	Do mintern d	A	t signature requ	wited when to	sinetation)	DATE		· · · · · -	
12.	Signature, typed or printed name of registered at OFFICERS A	AND DIRECTORS	13.	Agen	r signature requ	•	ADDITIONS/CHANGES TO C		D DIR	ECTO	R\$ IN 12
TITLE	D OF FIGURE	☐ DELETE	1.1 TI	TLE						nange	Addition
NAME	TAYLOR, CYNTHIA J		1.2 NA	ME.							
STREET ADDRESS	109 B WEST 23RD ST				ADDRESS						
CITY-ST-ZIP	PANAMA CITY FL			TY-ST							
TITLE	D	☐ DELETE	2.1 TI							ange	☐ Addition
NAME	TAYLOR, ROBERT L II		2.2 NAME		1						
STREET ADDRESS			2.3 \$1	2.3 STREET ADDRESS							
CITY-ST-ZIP	DANIAL CATA TI			ITY-S	T-ZIP						!
TITLE				3.1 TITLE					□ CI	nange	Addition
NAME			3.2 NA	ME							
STREET ADDRESS			3.3 ST	REET	ADDRESS						
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TI	TLE						nange	☐ Addition
NAME			4. 2 N	AME							
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4.4 CI	TY-ST	r-ZIP						
TITLE		☐ DELETE	5.1 TI	TLE					□c	hange	☐ Addition
NAME			5.2 N	AME							
STREET ADORESS			5.3 S1	TREET	ADDRESS						
CITY-ST-ZIP				TY-S1	r-ZIP						
TITLE		☐ DELETE	6.1 TI	TLE					□c	hange	☐ Addition
NAME			6.2 N	AME							
ATTOCET ADDRESS			6.3 S1	REET	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 chapted, or on an attachment with an address, with all other like empowered.