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

PROFIT CORPORATION ANNUAL REPORT

1998

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NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Apr 23 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000076716 (5)

TAYLER MADE MARKETING, INC.

Principal Place of Business Mailing Address 6891 SOUTHWEST STATE ROAD 200 POST OFFICE BOX 770539 OCALA FL 34476 OCALA FL 34477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-3403271 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BREWER, JERRY 6891 SOUTHWEST STATE ROAD 200 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34476 83 Zip Code 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE ☐ Change Addition BREWER, VERA NAME 1.2 NAME 6891 SW HWY 200 STREET ADDRESS 1.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change \_\_ Addition NAME **Br**ewer. Jerry 2.2 NAME 6891 SW HWY 200 STREET ADDRESS 2.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition Kratovil, todd NAME 3.2 NAME 4 STONEHEARTH LANE STREET ADDRESS 3.3 STREET ADDRESS NDIAN HEAD PARK IL 60525 CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME KRATOVIL, BETTY 4. 2 NAME STREET ADDRESS **4 STONEHEARTH LANE** 4.3 STREET ADDRESS INDIAN HEAD PARK II, 60525 CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY+ST-ZIP 5.4 City-St-ZiP TITLE DELETE 6.1 TITLE Change Addition

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 in 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 trusted dispowered 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 affactment with any address. SERRY BREWER 4/17/40 (257)227-8170

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

6.2 NAME