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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P
1. Corporation Name
TAYLOR SERVICE, INC. P96000084430 (3)

Principal Place of Business

Mailing Address

FILED May 13 1997 8:00am Secretary of State



2421 & 3RD STREET JACKSONVILLE BEACH FL 32250		2421 S 3RD Jacksonvi	2421 S 3RD STREET JACKSONVILLE BEACH FL 32250-4024			
					3. Date Incorporated or Qualified 10/10/1996	3a. Date of Last Report
2. Principal Pi	ace of Business	2a. Mailing A	ddress		4. FLI Number	Applied For
21		26			59-3406986	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.	···········		\$9.75 Additional
City & State		27	27 City & State		5. Certificate of Status Desired	Fee Required
City & State			28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Zip Country		8. This corporation has liability for intangible tax under s. 199,032.	
24	25	29	29 30		Florida Statutes 🖫 Yes □ No	
	9. Name and Address of Cui	rent Registered Age			10. Name and Address of New Reg	gistered Agent
TAYLOR, PAMIE J 124 33 AVE JACKSONVILLE BEACH FL 32250				82 Street Addr		le)
•				- III JACI	ksonuille Beh	FL 85 3250
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 obligations of Section 607.0505. Florida Statutes						
SIGNATURE	Signature, Typed or printed partie of registered	Tagest and file if applicable		PREN B.	O'Nelll red when relistating)	419 197
12.		AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD		DELETE	1.1 TITLE		Change Addition
NAME	TAYLOR, PAMIE J			1.2 NAME		
STREET ADDRESS	124 33 AVE			1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH F	L 32250		1.4 CITY-ST-ZIP		1
TITLE			DELETÉ	2.1 THLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP				2. 4 CITY - ST - ZIP		
TITLE			DELFTE	3.1 TITLE		Change Addition
NAME				3.2 NAME		·
STREET ADDRESS				3.3 STREET ADDRESS		İ
CITY-ST-ZIP				3.4. City-St-7IP		
TITLE			DELETE	4.1 TITLE	770 777 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 City - St - ZIP		
TITLE			DELETE	5.1 1 TLF		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - S1 - ZIP		
TITLE			DELETÉ	6.1 TITLE		Change Addition
NAME				62NAME		!
STREET ADDRESS				63 STREET ADDRESS		
CITY-ST-ZIP				6.4 CHY-ST-7/P		
	by certify that the information supp	plied with this filing do	es not qualify for		d in Section 119.07(3)(i), Florida Statutes	s. 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 eath, 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. Possidoast