PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000008546**

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

TAYLOR BUILDING CONTRACTOR, INC.

808 BRYN MAWR ORLANDO FL 32804		808 BRYN MAWR ORLANDO FL 32804			DO NOT WRITE IN THIS SPACE
		_			3. Date Incorporated or Qualifed 01/23/1997
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21					59-3421259 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Sesired Fee Required
City & State	Э	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 30	Country		This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered Agent
			81	Nam	me
	.or, charles e Jr Bryn Mawr		82	Stre	reet Address (P.O. Box Number is Not Acceptable)
ORLA	ANDO FL 32804		83	J	
			84	City	FL 85 Zip Code
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by a Statutes	the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age			nt signatu	ature required when reinstating) DATE ADDITION OF THE PROPERTY AND DIRECTORS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D CHARLES E ID	□ bere≀e	1.1 TITLE 1.2 NAME		
NAME	TAYLOR, CHARLES E JR				7-7-0
STREET ADDRESS	808 BRYN MAWR		1.3 STREET		(ESS)
CITY-ST-ZIP	ORLANDO FL 32804	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	·	□ pereie			
NAME	TAYLOR, ANNE M		2.2 NAME 2.3 STREET		DECC
STREET ADDRESS	350 31111 11111		2.4 CITY-S		icos
CITY-ST-ZIP			3.1 TITLE	51-ZIP	Change Addition
TITLE NAME		<u></u>	3.2 NAME		
STREET ADDRESS	•		3.3 STREET	T ADDRE	RESS .
CITY-ST-ZIP			3.4. CITY- S		
TITLE		DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS		1	4.3 STREE	TADORE	RESS
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		DELETE 5.1			☐ Change ☐ Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET	T ADDRE	RESS
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	T ADDRE	RESS

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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

May 05, 1999 8:00 am Secretary of State

05-05-1999 90129 028 ***150.00