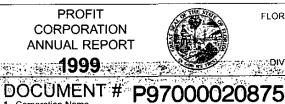
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

## FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90021 037 \*\*\*150.00

1. Corporation BOB TAY	/LOR DISTRIBUTING, INC.	, O L	0070					   <b>           </b>		
Dringing Place	of Buciness	M	ailing Address				-		i 1000; ethi 100i	
Principal Place of Business Mailing Address 6040 TWIN LAKES DRIVE 6040 TWIN LAKES DRIVE										
OVIEDO FL 32765 OVIEDO FL 32765										
	-						DO NOT WRITE IN THIS S	PACE		
							3. Date Incorporated or Qualifed 03/04/1997			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	A	pplied For	
21			6				59-3434607		ot Applicable	
Suite, Apt#, etc		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75-Additional -		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees			
Zip	Country	L	Zip	Cou	ntry		8. This corporation owes the current year Intan			
24	25	29		30			7 Croonari reporty ram	Yes	□No	
	9. Name and Address of Curre	nt Regi	stered Agent		81	Name	10. Name and Address of New Registered Ag	gent		
TAVI	or, robert r jr.				01					
6040 TWIN LAKES DRIVE						Street Addre	ess (P.O. Box Number is Not Acceptable)			
OVIEDO FL 32765			83							
O 1.1.	.00 12 02/00									
					84	City	FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 050	12 and 6	307.1508. Florida Statute	s. the al	bove	e-named corpo	pration submits this statement for the purpose of ch	anging its	s registered	
office or o	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	da. Such change was au	thorized	iby	tne corporation	n's board of directors. I hereby accept the appoint	nent as re	egistered	
SIGNATURE						Y -:	when reinstation). DATE			
12.	Signature, typed or printed name of registered age OFFICERS AI			13.	Agei	it signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	(41/08)
TITLE	D	10 0	☐ DELETE	1.1 711	ΠE			Change	Addition	1
NAME	TAYLOR, ROBERT R JR			1.2 NA	ME				1	
STREET ADDRESS	6040 TWIN LAKES DRIVE			1.3 ST	REET	T ADDRESS				E034
CITY-ST-ZIP	OVIEDO FL 32765			1.4 CI	TY-S	T-ZIP				Ca
TITLE				2.1 111	ΓLE			Change	Addition	(
NAME				2.2 NA	ME					
STREET ADDRESS				2.3 ST	REET	TADDRESS				ļ
CITY-ST-ZIP				2. 4 C	ITY-S	ST-ZIP				
TITLE ·			☐ DELETE	3.1 717	ΓLE	·		Change	Addition	
NAME				3.2 NA	ME	ļ				
STREET ADDRESS				3.3 \$1	REET	TADDRESS				
CITY-ST-ZIP				_		ST-ZIP		Charac	- Addition	
TITLE			☐ DELETE	4.1 Til				Change	☐ Addition	l
NAME				4. 2 N	AME					
STREET ADDRESS,				4.3 ST	REET	TADDRESS				
CITY-ST-ZIP				4.4 CI		T-ZIP		Change	Addition	l
TITLE			☐ DELETE	5.1 Til 5.2 N/				Change	Addition	
NAME				4		TADDRESS				
STREET ADDRESS				5.3 ST						
CITY-ST-ZIP			☐ DELETE	6.1 TI				☐ Change	Addition	
TITLE			III DECETE	6.2 N						
NAME				1		T ADDRESS				i
SIREE I ADDRESS						T-ZIP				
CITY-ST-ZIP				5., 5.						i

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.

SIGNATURE: