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

FILED May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATIO Sandra B. Mortham ANNUAL REPCT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000042385 (9) J. KEANE TAYLOR ENTERPRISES, INC. Principal Place of Business Mailing Address 3007 BAY VILLAS DRIVE 3007 BAY VILLAS DRIVE DESTIN FL 32541 DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1997 2. Principal Place of Business 2a. Mailing Address Applied For 126 South Share Drive 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 ΠÑο 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TAYLOR, J. KEANE 3007 BAY VILLAS DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) DESTIN FL 32541 63 City 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 Stoch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiary stip, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE VICE President ☐ Change ▲ Addition TITLE 1.1 TITLE JOHN M. KOSKO NAME 1.2 NAME 126 South Shore Drive NO 24 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 THLE 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filling closs 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 suppliemental annual report is true and accurate and that my stynature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report is required by Chapter 607. Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP