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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

| DOCUMENT # 1. Corporation Name | P97000045617 |
|---------------------------------|-----------------|
| TAYLOR'S MOVING | & STORAGE, INC. |

|--|

| Principal Place | Principal Place of Business Mailing Address | | | | | | | | | |
|----------------------|--|--|-------------------------|--|--------------------|--|----------------------------|------------------------|--------------|------------|
| 3500 NE WALDO | O NE WALDO ROAD 3500 NE WALDO R | | | | | | | | | |
| BLDG A. | | BLDG A. | | | | | DO NOT WRITE IN THIS SPACE | | | |
| GAINESVILLE FL | L 32609 | Gainesville FL 32609 | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | 05/21/1997 | | | | Ì |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | <u> </u> | plied For | 1 |
| 21 | | | | | | 59-3448578 | | | t Applicable | 1 |
| Suite, Apt. | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | - □-~ = | _\$8.7.5 _{.4} | | |
| 22 27 | | | | | | | | Fee Re | quired | ļ |
| City & State | City & State City & State | | | | | 6. Election Campaign Financing | | \$5.00 May Be | | |
| 23 | - | | | | | Trust Fund Contribution | Added to Fees | | - | |
| Zip | Country | Zip | | ıntry | | 8. This corporation owes the curr | ent year Inta | | - | i |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | □No | 1 |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New I | Registered A | \gent | | 4 |
| | OD 000000 4 | | | 81 | Name | | | | | |
| | OR, BURNIE A | | | 82 | Street Add | dress (P.O. Box Number is Not Accept | able) | | | 1 |
| | NE WALDO ROAD | | | | 4 | | | | | |
| BLDO | | | | 83 | | | | | | |
| GAIN | iesville fl 32609 | • | | 84 | City | | | 85 Zip (| `nde | 1 |
| | | | | ** | City | | FL | | ,000 | |
| 11. Pursuanti | to the provisions of Sections 607:0502 | and 607-1508, Florida Statu | tes the a | bove | enamed cor | poration submits this statement for the | purpose of o | hanging its | registered | <u>. </u> |
| office or re | egistered agent, or both, in the State of m familiar with, and accept the obligation | f Florida. Such change was a ons of Section 607.0505. Flo | authorize orida Stat | d by i | tne corpora | tion's board of directors. I hereby acce | pi ine appoin | illiienii as ie | gistereu | |
| | The state of the s | •••••••••••••••••••••••••••••••••••••• | | | | • | | | | Į |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOT | E: Registered | d Agen | nt signature requi | red when reinstating) | DATE | | | a a |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | | | (11/98) |
| TITLE | SVD | ☐ DELETE | 1.1 T | ITLE | | | | ☐ Change | ☐ Addition | |
| NAME | TAYLOR, BURNIE A | | 1.2 NAMI | | | | | | | F034 |
| STREET ADDRESS | 7138 PINON ROAD | • | 1.3 \$ | TREET | ADDRESS | | | | | ្រ |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 | | 1,4 C | ITY-S | T-ZIP | | | | | 1 8 |
| TITLE | PTD | ☐ DELETE | 2.1 T | MLE | | | | ☐ Change | ☐ Addition | 0 |
| NAME | TAYLOR, JUDITH D | | 2.2 NAME | | | | | | | 1 |
| STREET ADDRESS | 7138 PINON ROAD | 23 87 | | | FADDRESS | | | | | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 | | | | T-ZIP | | | | | 1 |
| TITLE | time a cattle time time . St | - DELETE | 3.1 T | | · - - | | | Change | Addition | |
| NAME | | | 3.2 N | AME | 1 | | | | | { |
| STREET ADDRESS | | | | _ | r address | | | | | |
| | | | | :TY-5 | | | | | | |
| CITY-ST-ZIP TIYLE | | ☐ DELETÉ | 4.1 T | | | | | Change | ☐ Addition | 1 |
| NAME | · | | 4.1 MAA | | | , | | | | |
| | | | | | TADORESS | | | | | |
| STREET ADDRESS | | | 4.3 STRI | | 1 | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 C | | 1- ZIP | | | Change | Addition | 1 |
| TITLE | المراجع والمراجع والمراجع | | | IAME | | | | | | |
| NAME | | • | | | TADDRESS | | | | | 1 |
| STREET ADDRESS | | * | | - | - | | *** ** * * | • • | | |
| CITY-ST-ZIP | | | 5.4 C | ITY-SI | 1-217 | · <u> </u> | | ☐ Change | Addition | - |
| TITLE | The second secon | | | | | | | Cilarige | | 1 |
| NAME | | | | AME | | | | | | |
| 070557 4005500 | | | ■ 63S | TREET | TADDRESS I | | | | | 1 |

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

6.4 CITY-ST-ZIP

SIGNATURE:

Succession of Surnite Facility 167D SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

1/20/1999

352-376-5224