SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

APPROVED AND FILED

98 DEC 31 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0099583

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083184 (6)

1. Corporation Name
TAYLOR PLASTERING, INC.

Principal Place of Business	Mailing Address
848 E. 5TH ST. ENGLEWOOD FL 34223	~~848 E. 5TH ST.~~ ENGLEWOOD FL ~~34223~~

REINSTATEMENT DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1997

2. Principal Place of Business (21):

2a. Mailing Address (26): P. O. Box 1962

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): 34295-1962 Country (30):

4. FEI Number: 65-0880067 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT A
460 S. INDIANA AVE.
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: Michael I. Taylor

82 Street Address (P.O. Box Number is Not Acceptable): 11885 NEWGATE AVE.

83

84 City: Pt. Charlotte **FL** 85 Zip Code: 33981-7320

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 appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: MICHAEL I. TAYLOR — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 12/14/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VICE PRESIDENT - 1ST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JAYSON T. TAYLOR		1.2 NAME	900002735813--2
STREET ADDRESS	580 MANGO DRIVE		1.3 STREET ADDRESS	-01/11/99--01005--025
CITY-ST-ZIP	ENGLEWOOD, FL 34223		1.4 CITY-ST-ZIP	****750.00 ****750.00
TITLE	2ND VICE PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JAY A. TAYLOR		2.2 NAME	
STREET ADDRESS	298 PALM GROVE AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROD LOWRY		3.2 NAME	
STREET ADDRESS	9455 ROSEBUD CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	Pt. Charlotte, FL 33981		3.4 CITY-ST-ZIP	
TITLE	~~ALICE E. TAYLOR~~	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	PRESIDENT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL I. TAYLOR		5.2 NAME	
STREET ADDRESS	11885 NEWGATE AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	Pt. Charlotte, FL 33981		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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.

SIGNATURE: Michael I. Taylor REQUIRED 1/2/99 (941) 475-5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #