

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90052 022 ***150.00

DOCUMENT # P97000083184

1. Corporation Name

TAYLOR PLASTERING, INC.

Principal Place of Business

848 E. 5TH ST.
ENGLEWOOD FL 34223

Mailing Address

P.O. BOX 1962
ENGLEWOOD FL 34295-1962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1997

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11885 Newgate Ave.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Pt. Charlotte, FL

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

25

26

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, MICHAEL I
11885 NEWGATE AVE.
PT. CHARLOTTE FL 33981-7320

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. 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, President

4/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME TAYLOR, JAYSON T
STREET ADDRESS 580 MANGO DRIVE
CITY-ST-ZIP ENGLEWOOD FL 34223

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE 2VP ☐ DELETE

NAME TAYLOR, JAY A
STREET ADDRESS 298 PALM GROVE AVE.
CITY-ST-ZIP ENGLEWOOD FL 34223

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME LOWRY, ROD
STREET ADDRESS 9455 ROSEBUD CIRCLE
CITY-ST-ZIP PT. CHARLOTTE FL 33981

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME TAYLOR, MICHAEL I
STREET ADDRESS 11885 NEWGATE AVENUE
CITY-ST-ZIP PT. CHARLOTTE FL 33981

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Michael I Taylor REQUIRE MICHAEL I TAYLOR 4/1/99 (941) 4855337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)