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

1999 DOCUMENT # **P97000092379**1. Corporation Name

DAVID G.S. TAYLOR, INC.

| 3,,,,, | | | | | | | | | | | |
|---|--|------|---------------------|---------|--------|----------------|----------|---|----------------|---|--|
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 7898 U.S. HIGHWAY 19 NORTH 7898 U.S. HIGHWAY 19 NORTH | | | | | | | | | | | |
| PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 | | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | ŀ | 3. Date Incorporated or Qualifed | 11110 01 702 | | |
| | | | | | | | | 10/28/1997 | | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 4, FEI Number | A | pplied For | |
| 21 | | 26 | _ | | | | | 59-3475689 | | ot Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5, Certificate of Status Desired | | Additional = | |
| 22 | | 27 | · | | | | | | - Fee N | equired | |
| City & State | е | 28 | City & State | | | | | 6. [™] Election Campaign Financing Trust Fund Contribution | • | May Be to Fees | |
| Zip | Country | | Zip | Cor | untry | | | a. This corporation owes the current y | ear Intangible | | |
| 24 | 25 | 29 | • | 30 | | | | Personal Property Tax. | Yes | □No _ | |
| 24 | 9. Name and Address of Current | | stered Agent | | Τ | | | 10. Name and Address of New Regis | tered Agent | | |
| | | | | | 81 | Name | | | , | | |
| | LOR, DAVID G | | | | 82 | Stroot | Addross | s (P.O. Box Number is Not Acceptable) | | | |
| 7998 U.S. HIGHWAY 19 NORTH | | | | | 02 | Succe | Addies | S (F.O. Box Namber is Not recopiable) | • | | |
| PINELLAS PARK FL 33781 | | | | | 83 | | ·- | | | | |
| | | | | | | | | | as Zin | Code | |
| | | | | | 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| 12. | OFFICERS AND | DIRE | | 13. | | | 7 | ADDITIONS/CHANGES TO OFFICE | | ORS IN 12 Addition | |
| TITLE | Р | | ☐ DELETE | 1.1 T | ITLE | | | | ☐ Change | L. Addition | |
| NAME | TAYLOR, DAVID G. S. 12N | | | | | | | • | | į | |
| STREET ADDRESS | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | T- ZIP | <u> </u> | | | T Addition | |
| TITLE | | | ☐ DELETE | 2.1 T | ITLE | | 1 | | Change | ☐ Addition | |
| NAME | | | | 2.2 N | AME | | | | | | |
| STREET ADDRESS | | | | 2.3 S | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 2.40 | OTY-S | T-ZIP | | <u> </u> | | | |
| TITLE | | | ☐ DELETE | 3.1 T | MLE | | | | Change | ☐ Addition | |
| NAME | | | | 3.2 N | AME | | | | | | |
| STREET ADDRESS | | | | 3.3 \$ | TREET | ADORESS | | | | } | |
| CITY-ST-ZIP | | | | | CITY-S | T-ZIP | ļ | | | () () () () () () () () () () | |
| TITLE | | | ☐ DELETE | 4.1 T | ΠLE | | | • | ☐ Change | ☐ Addition (| |
| NAME | | | | 4 21 | VAME | | | | | | |
| STREET ADDRESS | | | | 4.3 S | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 0 | TY-S | T-ZIP | ļ | | | C A Lee | |
| TITLE | | | ☐ DELETE | 5.1 T | | | 1 | | ☐ Change | Addition | |
| | 1 | | | ■ E O N | IALIE | | | | | | |

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.

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90042 015 ***150.00