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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000105790 (4)

TAYLOR & TAYLOR LEASING, INC.

Principa	Place	of	Business	-

Mailing Address

## FILED May 12 1998 8:00am Secretary of State



P.O. BOX 561112 P.O. BOX 561112 ORLANDO FL 32856-1112 ORLANDO FL 32856-1112 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žiρ Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHNSON, WADE F JR 118 E. JEFFERSON ST. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 ricinio of negistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 1.1 TITLE Addition NAME **DUNNICAN, JANET T** 1.2 NAME STREET ADDRESS P.O. BOX 561112 1.3 STREET ADDRESS ORLANDO FL 32856-1112 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition NAME **DUNNICAN-BRETER, TARA** 2.2 NAME STREET ADDRESS P.O. BOX 561112 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32856-1112 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME TAYLOR, WILLIAM E 3.2 NAME P.O. BOX 561112 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP <u> ORLANDO FL 32856-1112</u> 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME TAYLOR, DEBRA 4. 2 NAME STREET ADDRESS P.O. BOX 561112 4.3 STREET ADDRESS ORLANDO FL 32856-1112 CITY-\$T-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 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 supplicmental 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 trusted 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 op an attachment with an address.

(10/97)