

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

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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90094 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000018699

1. Corporation Name
J.S. TAYLOR, INC.



Principal Place of Business
4078 PRADO DRIVE 5103 E Fowler Ave
SARASOTA FL 34235 Tampa FL 33617

Mailing Address
4078 PRADO DRIVE 8507 Anglers Pt
SARASOTA FL 34235 Tampa FL 33637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5103 E. Fowler Ave Suite, Apt. #, etc. 22		2a. Mailing Address 26 8507 Anglers Pt Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/25/1998	
23 Tampa FL City & State 24 33617 Zip 25 Country		28 Tampa FL City & State 29 33637 Zip 30 Country		4. FEI Number 59-3495079 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAYLOR, SHEILA 4078 PRADO DRIVE SARASOTA FL 34235		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8507 Anglers Pt 83 Tampa FL 84 City 85 Zip Code FL 33637	
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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 Sheila Taylor VP. DATE 3-19-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres	1.1 TITLE	
NAME	John H Taylor III	1.2 NAME	
STREET ADDRESS	8507 Anglers Pt	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33637	1.4 CITY-ST-ZIP	
TITLE	V.P.	2.1 TITLE	
NAME	Sheila Taylor	2.2 NAME	
STREET ADDRESS	8507 Anglers Pt	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33637	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Sheila Taylor VP. DATE 3-19-99 DAYTIME PHONE # 813-989-3436
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)