


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

FILED
Mar 18 1998 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|---|---|--|--|--|
| DOCUMENT # V08558 (1) 1. Corporation Name TAYLOR DESIGNS UNLIMITED, INC. | | | | | |
| Principal Place of Business 5500 CENTRAL AVE. C-102 ST. PETERSBURG FL 33707 US | | | Mailing Address 5500 CENTRAL AVE. C-102 ST. PETERSBURG FL 33707 US | | |
| 2. Principal Place of Business 21 TAYLOR DESIGNS UNLIMITED, INC. Suite, Apt. #, etc. 22 5500 CENTRAL AVE. City & State 23 ST. PETERSBURG, FL. Zip 24 33707 Country 25 U.S. | | | 2a. Mailing Address 26 TAYLOR DESIGNS UNLIMITED, INC. Suite, Apt. #, etc. 27 5500 CENTRAL AVE. City & State 28 ST. PETERSBURG, FL. Zip 29 33707 Country 30 U.S. | | |
| g. Name and Address of Current Registered Agent VALENTE, ANTHONY, JR. 2730 CENTRAL AVENUE ST. PETERSBURG FL 33712 | | | 3. Date Incorporated or Qualified 01/21/1992 4. FEI Number 59-3105113 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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. | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PTC | <input type="checkbox"/> DELETE | | | |
| NAME | TAYLOR, SUSAN | | | | |
| STREET ADDRESS | 7826 9TH AVENUE, SOUTH | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | | |
| NAME | GREER, PATRICIA G. | | | | |
| STREET ADDRESS | 5500 CENTRAL AVE | | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33707 | | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | | |
| NAME | BECKER, LINDA MARTIN | | | | |
| STREET ADDRESS | RD #1 BOX 1988 | | | | |
| CITY-ST-ZIP | MOHNTON PA | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: _____ 3/11/98 | | | | | |

CP2E034 (10/97)