FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:38

DOCUMENT # V31600 (2)

1. Corporation Name
THE TAYLOR COMPANY OF WALTON COUNTY

Principal Place of Business	Mailing Address
2100 MAGNOLIA STREET GRAYTON BEACH SANTA ROSA BEACH FL 16908-9525	2100 MAGNOLIA STREET GRAYTON BEACH SANTA ROSA BEACH FL 16908-9525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1992
3a. Date of Last Report: 04/22/1994

	2. Principal Place of Business		2a. Mailing Address
21	15 Pine St.	26	15 Pine St.
22	Suite, Apt #, etc. Grayton Beach	27	Suite, Apt #, etc. Grayton Beach
23	City & State Santa Rosa Beach Fl	28	City & State Santa Rosa Bch, Fl
24	Zip 32459 / 25 Country Walton	29	Zip 32459 / 30 Country Walton

4. FEI Number: NOT APPLICABLE ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~KRAEMER, MARY K.~~
~~727 HIGHWAY~~
~~DESTIN FL 32548~~

10. Name and Address of New Registered Agent

81 Name: James H. Taylor
82 Street Address (P.O. Box Number is Not Acceptable): 15 Pine Street
83 Grayton Beach
84 City: Santa Rosa Bch, FL 85 Zip Code: 32459

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: James H Taylor DATE: 3-31-95
Signature, typed or printed name of registered 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	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	TAYLOR, JAMES H. 15 Pine St.	1.2 NAME	
STREET ADDRESS	~~2100 MAGNOLIA ST~~,GRAYTON Beach.	1.3 STREET ADDRESS	15 Pine St.
CITY ST ZIP	SANTA ROSA BEACH FL	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James H Taylor 3-31-95 904-231-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0411820 FP