

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **V35108** (2)
 1. Corporation Name
TAURUS SERVICES, INC.



Principal Place of Business: **3636 EXCHANGE AVE
 NAPLES FL 33942
 US**
 Mailing Address: **26883 MCLAUGHLIN BLVD
 BONITA SPRINGS FL 33923-3846
 US**

3. Date Incorporated or Qualified: **05/11/1992**
 3a. Date of Last Report: **04/19/1995**

| | | | | | | | | | | | | | |
|----------------------------------|----|----------------------------------|----|--------------------------------|----|----------------------------------|----|--------------------------------|----|--|----|----------------|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 4. | 5. | 6. | 8. |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | 5. Certificate of Status Desired | | 6. Election Campaign Financing | | 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes | | Applied For | |
| 27407 PELICAN RIDGE CIRC. | | 27407 PELICAN RIDGE CIRC. | | 65-0334729 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Not Applicable | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | City & State | | City & State | | Trust Fund Contribution | | Additional Fee Required | | \$8.75 | |
| | | | | BONITA SPRINGS, FLORIDA | | BONITA SPRINGS, FLORIDA | | May Be Added to Fees | | \$5.00 | | | |
| Zip | | Country | | Zip | | Country | | | | | | | |
| 33923 | | U.S.A. | | 33923 | | U.S.A. | | | | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| REEVES, KEITH 26883 MCLAUGHLIN BLVD. S.W. BONITA SPRINGS FL 33923 | | | | 81 Name KEITH REEVES | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 27407 PELICAN RIDGE CIRC. | | | |
| | | | | 83 | | | |
| | | | | 84 City BONITA SPRINGS FL 85 Zip Code 33923 | | | |

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: _____ (DATE: _____)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | PTD REEVES, KEITH | 11 TITLE | |
| NAME | REEVES, KEITH | 12 NAME | |
| STREET ADDRESS | 26883 MCLAUGHLIN BLVD.SW | 13 STREET ADDRESS | |
| CITY - ST - ZIP | BONITA SPRINGS FL | 14 CITY - ST - ZIP | |
| TITLE | VSD REEVES, SHIRLEY | 21 TITLE | |
| NAME | REEVES, SHIRLEY | 22 NAME | |
| STREET ADDRESS | 26883 MCLAUGHLIN BLVD.SW | 23 STREET ADDRESS | |
| CITY - ST - ZIP | BONITA SPRINGS FL | 24 CITY - ST - ZIP | |
| TITLE | | 31 TITLE | |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 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 119.0713(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Keith Reeves* **KEITH REEVES** 6/20/96 (941) 495-0828

CR2E034 (3/96)