

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59697** (5)

1. Corporation Name
TAYLOR ELEVATOR CORP.



Principal Place of Business

**4501 TAMiami TRAIL NO.
SUITE 300
NAPLES FL 33940
US**

Mailing Address

**4501 TAMiami TRAIL NO.
SUITE 300
NAPLES FL 33940
US**

3. Date Incorporated or Qualified
08/21/1992

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, KIMBERLY L.
4501 TAMiami TR., NO.
SUITE 300
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of individual who is authorized to sign this report on behalf of the corporation

Signature of Registered Agent (signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

NAME

**PT
TAYLOR, JOHN M
4427 EXCHANGE AVE SUITE THREE
NAPLES FL 33942**

STREET ADDRESS

CITY, STATE, ZIP

NAME

**VS
BEAURY, WILLIAM T
148-17 NINTH AVE
WHITESTONE NY 11357**

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

9416430490

CR2E034 (12/95)