

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22480

Entity Name: TAYLOR DAY, P.A.**Current Principal Place of Business:**50 NORTH LAURA STREET
SUITE 3500
JACKSONVILLE, FL 32202**Current Mailing Address:**50 NORTH LAURA STREET
SUITE 3500
JACKSONVILLE, FL 32202 US**FEI Number:** 59-2070298**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRIMM, REED W
50 NORTH LAURA STREET
SUITE 3500
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	GAGNON, DAVID M
Address	50 NORTH LAURA STREET SUITE 3500
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	BOYD, CHRISTOPHER P
Address	50 NORTH LAURA STREET SUITE 3500
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	GRIMM, REED W
Address	50 NORTH LAURA STREET SUITE 3500
City-State-Zip:	JACKSONVILLE FL 32202

Title	PRESIDENT
Name	OSGATHORPE, JOHN D
Address	50 NORTH LAURA STREET SUITE 3500
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MUELLER, CHRISTOPHER J
Address	50 NORTH LAURA STREET SUITE 3500
City-State-Zip:	JACKSONVILLE FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN D. OSGATHORPE**PRESIDENT****03/31/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date