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

APPROVED AND FILED
95 APR 28 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F22480** **(0)**

1. Corporation Name
TAYLOR, DAY & RIO, P.A.

Principal Place of Business	Mailing Address
50 NORTH LAURA STREET SUITE 3500 JACKSONVILLE FL 32202 US	50 NORTH LAURA STREET SUITE 3500 JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/15/1981
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2070298 ☐ 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

DAY,STEPHEN E.
50 NORTH LAURA STREET, SUITE 3500
JACKSONVILLE FL 32202

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

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
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	DS	1.1 TITLE		☒ Change ☐ Addition
NAME	RIO, VINCENT J.,III	1.2 NAME		
STREET ADDRESS	315 SOUTH CALHOUN ST., STE 344	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, JOHN C., JR.	2.2 NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSTON, CHARLES M.	3.2 NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	3.3 STREET ADDRESS	DELETE OFFICER RESIGNED 02/10/95	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	DP	4.1 TITLE		☐ Change ☐ Addition
NAME	DAY, STEPHEN E.	4.2 NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	DAS	5.1 TITLE		☒ Change ☐ Addition
NAME	HAMMOND, ADA A.	5.2 NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	5.3 STREET ADDRESS	DELETE OFFICER RESIGNED 02/10/95	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	DAT	6.1 TITLE	DAY	☒ Change ☐ Addition
NAME	CURRIE, BRIAN E.	6.2 NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, F	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: G. M. Burnett TREASURER 4-25-95 (904) 356-0700
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0018064 CP

12. ADDITIONAL OFFICERS AND DIRECTORS

1.1	TITLE	DT
1.2	NAME	Burnett, G. Michael
1.3	STREET ADDRESS	50 North Laura Street, Suite 3500
1.4	CITY-ST-ZIP	Jacksonville, FL 32202