

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**

**96 MAY 10 PM 3:53**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **F22480 (0)**

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

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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/15/1981**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **59-2070298**  
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 (81-85) fields: Name, Street Address, City, State (FL), 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 officer 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]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	RIO, VINCENT J., III	
STREET ADDRESS	315 SOUTH CALHOUN ST., STE 344	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TAYLOR, JOHN C., JR.	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DAY, STEPHEN E.	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DAV	<input type="checkbox"/> DELETE
NAME	CURRIE, BRIAN E.	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	
CITY - ST - ZIP	JACKSONVILLE, F	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	200001827392
24 CITY - ST - ZIP	-05/17/96--01100--006
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D T
53 STREET ADDRESS	BURNETT, G. MICHAEL
54 CITY - ST - ZIP	50 NORTH LAURA ST, STE 3500
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	JACKSONVILLE, FL 32202
63 STREET ADDRESS	
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 119.07(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STEPHEN E. DAY**

5/7/96 (904) 356-0700

CR2E034 (12/95)