2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J90839

1. Entity Name
TAYLOR ENGINEERING, INC.

Principal Place of Business	Mailing Address
9000 CYPRESS GREEN DRIVE STE 200 JACKSONVILLE, FL 32256	9000 CYPRESS GREEN DRIVE STE 200 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2850478

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, R. BRUCE, III
9000 CYPRESS GREEN DR
STE 200
JACKSONVILLE, FL 32256

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100004139075
02/14/06 80033-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	TAYLOR, R. BRUCE III
STREET ADDRESS	9000 CYPRESS GREEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	V
NAME	HULL, TERRENCE J.
STREET ADDRESS	9000 CYPRESS GREEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	S
NAME	CANNON, CARLA
STREET ADDRESS	9000 CYPRESS GREEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	V
NAME	SCHROPP, STEVEN J
STREET ADDRESS	9000 CYPRESS GREEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	P
NAME	SONG, JI-ANG
STREET ADDRESS	9000 CYPRESS GREEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	V
NAME	SRINIVAS, RAJESH
STREET ADDRESS	9000 CYPRESS GREEN DIRVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-8-06 904-731-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #