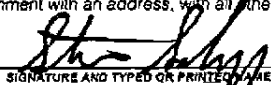


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # J90839		
1. Entity Name TAYLOR ENGINEERING, INC.		
Principal Place of Business 9000 CYPRESS GREEN DRIVE STE 200 JACKSONVILLE, FL 32256		Mailing Address 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		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TAYLOR, R. BRUCE III 9000 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HULL, TERRENCE J. 9000 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNON, CARLA 9000 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHROPP, STEVEN J 9000 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SONG, JI-ANG 9000 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SRINIVAS, RAJESH 9000 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256	
DO NOT WRITE IN THIS SPACE		
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: 		Date 2-8-06 Daytime Phone # 904-731-7640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		