

1. Entity Name  
RICHARD W. TAYLOR, P.A.

**Mailing Address**  
**112 N. FLORIDA AVE.**  
**DELAND, FL 32720**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E098 (6/04)

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

FL

Zip Code

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

M. Williams SEP 20 2005