

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90023 007 ***158.75

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1. Entity Name
TAYLOR INGENIERIA ARGENTINA, INC.



Principal Place of Business
9000 CYPRESS GREEN DR., SUITE 200
JACKSONVILLE, FL 32256

Mailing Address
9000 CYPRESS GREEN DR., SUITE 200
JACKSONVILLE, FL 32256

40008244



DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3721916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON III
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE, FL 32202

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME TAYLOR, R. BRUCE
STREET ADDRESS 9000 CYPRESS GREEN DR., SUITE 200
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME HULL, TERRENCE J
STREET ADDRESS 9000 CYPRESS GREEN DR., SUITE 200
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME SCHROPP, STEVEN J
STREET ADDRESS 9000 CYPRESS GREEN DR., SUITE 200
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/05

Date

904-731-7040

Daytime Phone #