

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000015403 1. Entity Name TAYLOR INGENIERIA ARGENTINA, INC.	
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Principal Place of Business 9000 CYPRESS GREEN DR., SUITE 200 JACKSONVILLE, FL 32256	Mailing Address 9000 CYPRESS GREEN DR., SUITE 200 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOLBROOK, H. LEON III ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE, FL 32202
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01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3721916	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

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.

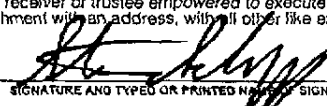
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	000000429426 02/22/06-80007-010 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, R. BRUCE 9000 CYPRESS GREEN DR., SUITE 200 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HULL, TERRENCE J 9000 CYPRESS GREEN DR., SUITE 200 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHROPP, STEVEN J 9000 CYPRESS GREEN DR., SUITE 200 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____