DOCU 1. Entity Nam		FILED Mar 06, 2000 8:00 am Secretary of State					
DANIEL	TAYLOR & COMPANY, INC.				03-06-2000 90026 0	047 ***1	50.00
Principal Plac	e of Business	Mailing Address		-			
SOUTH E ST.		P.O BOX 9581 PENSACOLA FL 32513-9581 US		60033154			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DC) NOT WRITE IN THIS SP	ACE	
City & Stat	e	City & State		4. FEI Number 59	-3406073	┝┉╼╋┷┷	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Statu		8.75 Add	
1044 GUL	LOR, DANIEL K A AQUAMARINE DR F BREEZE FL 32561	The purpose of changing its	City Pen	SAEO/A-	Acceptable, st in And st FL	Zip Code	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature requi	ed when reinstating)	<u> /- 31- (</u> DATE	ാഗ	
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 200	!! FEE IS \$150.00 00 Fee will be \$550.00 le to Department of S	Trust Fund	ampaign Financing Contribution.		D May Be to Fees
11.	OFFICERS AND D	· · · ·	12.		ES TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, DANIEL K 1044 AQUAMARINE DR GULF BREEZE FL 52561	🛄 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Ľ	_ Change	CH2E034 (0) CH2E034 (0) CH2E034 (0)
NILE • - STREET ADDRESS		🗖 Delete	TITLE NAME STREET ADORESS		[Change	Addition
			CITY-ST-ZIP TITLE NAME]	Change	Addition
STREET ANNHESS CTTT ST ZIP			STREET ADDRESS CITY-ST-ZIP				
THEE STREET ANDRESS		Delete	TITLE NAME STREET ADDRESS		C	_ Change	Addition
CITT: ST-ZIP IITLE		Delete	CITY-ST-ZIP TITLE		[Change	Addition
Street ADDRESS CT ST ZIP			NAME STREET ADDRESS CITY - ST- ZIP				
HILE STREET ADDRESS		🗔 Delete	TITLE NAME STREET ADDRESS		C	Change	Addition
changed.	certify that the information supplied with the on this report or supplemental report is tr poration or the receiver of rustee ermow or on an attachment with an address wit	his filing does not qualify for ue and accurate and that m erent to execute this report a hall other the empowered.		_	a Statutes. I further certify ade under oath; that I am nat my name appears in E		formation or director Block 12 if 9850
SIGNAT		TED NAME OF SIGNING OFFICER C		<u>-31-00</u>	e Dayr	me Phone #	1000