

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080841

Entity Name: TAYLOR LAW FIRM OF NORTH FLORIDA, P.A.**Current Principal Place of Business:**420 S LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656**Current Mailing Address:**420 SOUTH LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656 US**FEI Number: 59-3534419****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TAYLOR, JAMES JJR.
420 S LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	TAYLOR, JAMES J JR.
Address	420 S LAWRENCE BLVD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	VP, DIRECTOR
Name	ARRUBLA, JENNIFER TAYLOR
Address	420 S LAWRENCE BLVD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	TREASURER, DIRECTOR
Name	TAYLOR, MARY A
Address	420 S LAWRENCE BLVD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	SECRETARY, DIRECTOR
Name	HARDWICK, KATELYN TAYLOR
Address	420 SOUTH LAWRENCE BLVD.
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER TAYLOR ARRUBLA**VP****03/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date