

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214508951

1.) CORPORATION NAME:

TAYLOR ENGINEERING, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1888736**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10151 DEERWOOD PARK BLVD.
BLDG. 300, SUITE 300

CITY/ST/ZIP: JACKSONVILLE, FL 32256

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES N. MARINO	
TITLE:	PRESIDENT	
ADDRESS:	1239 FRUIT COVE RD.	
CITY/ST/ZIP/CO:	FRUIT COVE, FL 32259	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN J. SCHROPP	
TITLE:	VICE PRESIDENT	
ADDRESS:	8433 SOUTHSIDE BLVD., #1409	
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARLA CANNON	
TITLE:	CORP SEC	
ADDRESS:	1731 BISHOP ESTATES ROAD	
CITY/ST/ZIP/CO:	SAINT JOHNS, FL 32259	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	R. BRUCE TAYLOR, III	
TITLE:	CEO/CHAIRMAN	
ADDRESS:	8343 HOLLYRIDGE ROAD	
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Laura Rosenbaum	
TITLE:	VICE PRESIDENT	
ADDRESS:	1346 Briarhaven Lane	
CITY/ST/ZIP/CO:	Clemont, FL 34711	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Daniel Schroeder	
TITLE:	DIRECTOR	
ADDRESS:	8256 Garden View Court	
CITY/ST/ZIP/CO:	Jacksonville, FL 32256	

NAME:	David Carey	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	402 Dawson Trail		
CITY/ST/ZIP/CO:	Georgetown, TX 78628		

NAME:	Lewis Ed Link	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1173 Glenn L Martin Hall		
CITY/ST/ZIP/CO:	College Park, MD 20742		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CARLA CANNON	CARLA CANNON, CORP SEC	2/18/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.