

Please print or type your name, mailing address, agency name, and position below:

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Taylor, Michael Keith

MAILING ADDRESS:

P.O. Box 156

Recvd 2020 JUN 09 PM 02:16

CITY:

ZIP:

COUNTY:

Green Cove Springs 32043 Clay

NAME OF AGENCY:

Clay County Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 9, 2020 was \$ 2,528,000.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 150,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Retirement Account	\$84,000
Vehicles	\$85,000
Motorhome	\$50,000
Premier Homes Realty + Premier Agent Referred Realty	\$1,800,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Fifth Third Bank	\$239,000
Homebridge Financial	\$133,000
Penny Mac	\$128,000
Loan Care	\$123,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Office of the State Attorney	4000 Lewis Speedway St Aug 32092	\$105,000
Premier Homes Realty, Inc	52 Tuscan Way 202-352, St Aug 32092	\$167,726

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Premier Homes Realty	Varies	Varies	Real Estate Sales

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Premier Homes Realty	Premier Agent Referral Agency	
ADDRESS OF BUSINESS ENTITY	52 Tuscan Way 202-352	52 Tuscan Way 202-352	
PRINCIPAL BUSINESS ACTIVITY	Real Estate Sales	Real Estate Sales	
POSITION HELD WITH ENTITY	Owner / Broker	Owner / Broker	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	
NATURE OF MY OWNERSHIP INTEREST	Owner	Owner	

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

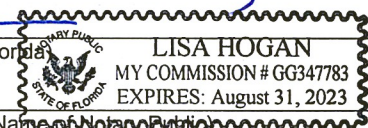
STATE OF FLORIDA

COUNTY OF Clay

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 9 day of

June, 2020 by Mike Taylor

Lisa Hogan
 (Signature of Notary Public - State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Michael K. [Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification

Type of Identification Produced FL DL

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

FORM 6 CONTINUED

Part B – Assets

Address protected	\$400,000
2010 Golden Lake Loop, St Augustine, FL 32092	\$180,000
2564 Golden Lake Loop, St Augustine, FL 32092	\$160,000
768 Wynfield Circle, St Augustine, FL 32092	\$180,000
812 Wynfield Circle, St Augustine, FL 32092	\$200,000

Part C – Liabilities

Wells Fargo	\$75,000
VyStar	\$10,800
M&T	\$52,000

