

(To be tabled at first meeting of directors)

To
G.A. & S.L. TAYLOR SUPER PTY LTD
Unit 12, 8 PICKARD AVENUE
ROCKINGHAM, WA, 6168

Consent to act as Director

I consent to act as director of **G.A. & S.L. TAYLOR SUPER PTY LTD** with effect from the date of this consent.


My personal details are as follows:

Full name	SARAH LOUISE TAYLOR
Usual residential address	44 MILINA STREET
Town / State / Postcode	HILLMAN, WA 6168
Place of birth	BENTLEY
Date of birth	28-09-1993

I give you notice of the following:

No Interests to declare.

Signed:


SARAH LOUISE TAYLOR

Date: 14 October, 2020