

~~FILE NOW:~~ FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90202 028 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 182992

1. Corporation Name
J.C. BYRD INVESTMENT & CONTRACTING CO.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 CONTRACTING CO., 1203 GREENVIEW DRIVE CONTRACTING CO., 1203 GREENVIEW DRIVE
 LAKELAND FL 33805 LAKELAND FL 33805

3. Date Incorporated or Qualified
01/28/1955

4. FEI Number
59-1325216

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

BYRD, J C
1203 GREENVIEW DRIVE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name
LILLIAN BYRD

82 Street Address (P.O. Box Number is Not Acceptable)
1203 GREENVIEW DRIVE

83 **LAKELAND**

84 City **FL** 85 Zip Code **33805**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Lillian C. Byrd*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D BYRD, JAMES E**

STREET ADDRESS **207 WINDSOR DRIVE**

CITY-ST-ZIP **WARNER ROBINS GA**

TITLE DELETE

NAME **SD BYRD, LILLIAN C**

STREET ADDRESS **1203 GREENVIEW DR.**

CITY-ST-ZIP **LAKELAND FL.**

TITLE DELETE

NAME **VD BYRD, LEONARD N.**

STREET ADDRESS **514 BROOKER RD.**

CITY-ST-ZIP **BRANDON FL**

TITLE DELETE

NAME **D BYRD, WILLIAM C.**

STREET ADDRESS **207 WINDSOR DRIVE**

CITY-ST-ZIP **WARNER ROBINS GA**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **716 CALBRE SPRINGS WAY N.E.**

1.4 CITY-ST-ZIP **ATLANTA, GA 30342-1877**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **PRESIDENT** Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **VICE PRESIDENT** Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Lillian Byrd 686-9059*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)