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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90036 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 650594

1. Corporation Name  
**BYRD GROVES, INC.**

Principal Place of Business  
 2218 MELBOURNE AVE  
 HAINES CITY FL 33844-4949

Mailing Address  
 2218 MELBOURNE AVE  
 HAINES CITY FL 33844-4949



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1980

2. Principal Place of Business

2a. Mailing Address

21 1648 Tyner Rd  
 Suite, Apt. #, etc.

26 1648 Tyner Rd  
 Suite, Apt. #, etc.

22 Haines City, FL  
 City & State

27 Haines City, FL  
 City & State

23 33844-9674 USA  
 Zip Country

28 33844-9674 USA  
 Zip Country

24 25

29 30

4. FEI Number

59-1957356

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOKES, SHERWOOD L  
 109 NORTH MAIN ST  
 HAINES CITY FL

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME PD  
 MORRIS, DAVID  
 STREET ADDRESS 1646 TYNER ROAD  
 CITY-ST-ZIP HAINES CITY, FL 00000

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VD  
 MORRIS, DAVID JR.  
 STREET ADDRESS 1646 TYNER ROAD  
 CITY-ST-ZIP HAINES CITY, FL 00000

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME SDT  
 MORRIS, ROSITA  
 STREET ADDRESS 1646 TYNER ROAD  
 CITY-ST-ZIP HAINES CITY FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 MORRIS, ROBERT  
 STREET ADDRESS 1646 TYNER ROAD  
 CITY-ST-ZIP HAINES CITY, FL 00000

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 941-439-4087  
 Date Daytime Phone #

CR2E034 (11/98)