

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H93357 (2)
1. Corporation Name
BYRD ENTERPRISES OF S.W. FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

C/O ORVILLE BYRD
2599 66th St. S.W.
NAPLES FL 34105
US

C/O ORVILLE BYRD
2599 66th St. S.W.
NAPLES FL 34105
US

3. Date Incorporated or Qualified 01/07/86

4. FEI Number 59-2749779

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 owns or has paid the current year's Personal Property Tax due June 30 Yes

2. Principal Place of Business

2a. Mailing Address

21. State and County

22. City & State

23. Zip

24. Country

9. Name and Address of Current Registered Agent

BYRD, ORVILLE W.
2599 66TH ST. S.W.
NAPLES FL 34105

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL 34105

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 in both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a registered agent and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NAME of Registered Agent and sole applicant) (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Name <input type="checkbox"/> Address
NAME	BYRD, ORVILLE	1.2 NAME	
STREET ADDRESS	2599 66TH ST SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Name <input type="checkbox"/> Address
NAME	BYRD, PATRICIA	2.2 NAME	
STREET ADDRESS	2599 66TH ST. S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Name <input type="checkbox"/> Address
NAME	BYRD, GREG	3.2 NAME	
STREET ADDRESS	6031-12TH AVE S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Name <input type="checkbox"/> Address
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Name <input type="checkbox"/> Address
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Name <input type="checkbox"/> Address
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, as required, or on an attachment with an address.

SIGNATURE: ORVILLE W. BYRD, PRESIDENT *Orville W. Byrd* 1/12/98 (941) 643-5313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR