FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **449675** **(8)**

1. Corporation Name
BOYD-EBERT CORPORATION

Principal Place of Business	Mailing Address
1328 WEST 15TH ST. PANAMA CITY FL 32401-2000	1328 WEST 15TH ST. PANAMA CITY FL 32401-2000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/03/1974**
3a. Date of Last Report: **02/03/1994**

2. Principal Place of Business
21 P.O. BOX 16667
22 Suite, Apt. #, etc.
23 City & State: PANAMA CITY, FLORIDA
24 Zip: 32406-6667 25 Country: BAY

2a. Mailing Address
26 P.O. BOX 16667
27 Suite, Apt. #, etc.
28 City & State: PANAMA CITY, FLORIDA
29 Zip: 32406-6667 30 Country: BAY

4. FEI Number: **59-1531429** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EBERT, CHARLES H.
1328 WEST 15TH ST.
PANAMA CITY FL

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	☐ Change ☐ Addition
NAME	EBERT, MARGARET B.	1.2 NAME	
STREET ADDRESS	733 BEACHCOMBER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	EBERT, CHARLES H.	2.2 NAME	
STREET ADDRESS	733 BEACHCOMBER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] CHARLES H. EBERT APRIL 15, 1995 904-785-9323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP