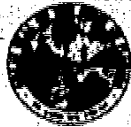


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 485085 (5)

1. Corporation Name
BYRD & SONS, INC.

Principal Place of Business Mailing Address
**6300 RESTLAWN DR. 6300 RESTLAWN DR.
JACKSONVILLE FL 32208 JACKSONVILLE FL 32208**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/26/1975 03/17/1994

4. FEI Number Applied For
59-1642461 Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes 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, JAMES JR.
2764 PARKRUS LANE
JACKSONVILLE FL 32208**

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BYRD, JAMES JR.
STREET ADDRESS 63300 REST LAWN DR
CITY - ST - ZIP JACKSONVILLE, FL 00000

TITLE SD
NAME BYRD, VIVIAN S
STREET ADDRESS 63300 REST LAWN DR
CITY - ST - ZIP JACKSONVILLE, FL 00000

TITLE T
NAME BYRD, JASON D.
STREET ADDRESS 63300 REST LAWN DR
CITY - ST - ZIP JACKSONVILLE, FL 00000

TITLE VD
NAME BYRD, LORILLA
STREET ADDRESS 63300 REST LAWN DR
CITY - ST - ZIP JACKSONVILLE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

1. 4 CITY - ST - ZIP

2. 1 TITLE Change Addition

2. 2 NAME

2. 3 STREET ADDRESS

2. 4 CITY - ST - ZIP

3. 1 TITLE Change Addition

3. 2 NAME

3. 3 STREET ADDRESS

3. 4 CITY - ST - ZIP

4. 1 TITLE 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: Vivian S. Byrd VIVIAN S. BYRD 4-14-95 (904) 764-9576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER