

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **485085** (5)

1. Corporation Name  
**BYRD & SONS, INC.**



Principal Place of Business  
**6330 RESTLAWN DR.  
JACKSONVILLE FL 32208**

Mailing Address  
**6330 RESTLAWN DR.  
JACKSONVILLE FL 32208**

3. Date Incorporated or Qualified <b>09/26/1975</b>	3a. Date of Last Report <b>04/18/1995</b>
4. FEI Number <b>59-1642461</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Country	26. Mailing Address State, Apt. #, etc. 27. City & State 28. Zip 29. Country	30. Country
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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 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal office, 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: *James Byrd, Jr.*

**JAMES BYRD, JR. 2-10-96**

12. OFFICERS AND DIRECTORS

12.1 NAME	PD BYRD, JAMES JR. 63300 REST LAWN DR JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE
12.2 NAME	SD BYRD, VIVIAN S 63300 REST LAWN DR JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE
12.3 NAME	T BYRD, JASON D. 63300 REST LAWN DR JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE
12.4 NAME	VD BYRD, LORILLA 63300 REST LAWN DR JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE
12.5 NAME		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE		
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE		
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct, and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 changes have been made to an appointment with an address.

SIGNATURE: *Vivian Byrd (VIVIAN BYRD) SEC'T 2-10-96 (904) 764-9516*

CP2E034 (12/95)