FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthaei ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)**DOCUMENT #** Corporation Name P.J. BYERS, CONSTRUCTION CO., INC. Mailing Address Principal Place of Business 6609 30TH ST SOUTH HILLOS TS HTOE BOSS ST. PETERSBURG FL 33712-5517 ST. PETERSBURG FL 33712-5517 d or Qualified 05/09/1978 04/07/1995 Applied For 2. Principal Place of Business 59-2913864 SME Not Applicable 6604 BOTA 26 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired Γ Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zσ ☐ Yes ☐ No Florida Statutes 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DIERICH, E PAUL Street Address (P.O. Box Number is Not Acceptable) 82 9056 WEATHERLY ROAD 83 **BROOKSVILLE FL 34601** Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed same of registerin agent and the claps material (NOTE Bugstered Agent signature required when relatating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1. 1 THLE TITLE BYERS, P.J. 1.2 NAM6 NAME 6609 30TH ST S 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 1.4 CITY - \$1-7(P City - ST - ZiP Change Addition DELETE 2 1 THILE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition DELETE 3 1 TILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY \$1 - 21F CITY-ST-ZIP **7000017952月^{9mg}-04/25/36--01106--030** DELETE 4 1 TITLE THILE 4.2 NAME NAME ***200.00 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CHTY-ST-ZIP Addition Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with its filing is voluntarily furnished 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 any off-port or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the composition 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 emanages, or on an attachment with an address. CITY - ST - ZIP

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)