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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

8609 30TH ST SOUTH

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 571539

(6)

Mailing Address 6609 30TH ST SOUTH

P.J. BYERS, CONSTRUCTION CO., INC.

| City & State    City & State   City & State   Selection Campaign Financing   S.5.00 May Be Added to Pees   | st. Petersbuf   | NG FL 33712-5517                                 | ST. PETERSBURG FL 33712             | 2-5517      |          |                       |  |                                |                     |                            |
|--|-----------------|--|-------------------------------------|-------------|----------|-----------------------|--|--------------------------------|---------------------|----------------------------|
| Surie, Apt. 4, etc.    Surie, Apt. 4, etc.   Surie, Apt. 4, etc.   Surie, Apt. 4, etc.   City & State   City &  |                 |  |                                     |             |          |                       |  |                                |                     | aporl                      |
| Suite, Apt. #, etc. 2   Suite, Apt. #, etc. 2   City & State   Suite, Apt. #, etc. 3   Apr.   Country   Zip   Suite, Apt. #, etc. #, | 2. Principal P  | lace of Business                                 | 2a. Mailing Address                 |             |          |                       |  |                                |                     |                            |
| City & State    City & State   |                 |  |                                     |             |          |                       | 59-2913864   |                                |                     |                            |
| Trues Fund Contribution   Added to Fees   Ad   | Suite, Apt      | #, <b>€</b> I¢.                                  |                                     |             |          |                       | 6. Certificate of Status Desired   | , ,                            |                     |                            |
| 28   | City & State    | 6  | City & State                        |             |          | <del></del>           | 6. Election Campaign Financing   | Ś                              | 5.00                | May Be                     |
| 9. Name and Address of Current Registered Agent  DIRTICH, E PAUL 9056 WEATHERLY ROAD BROOKSVILLE FL 34601  87   Name 98   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the previous of Sections 607 5002 and 607 1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing is 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 for the 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 of the or registered agent and accept the obligations of, Section 807 505, Florida Statutes.  SIGNATURE 12. DIFFERS AND DIFFE | :3              |  | 28                                  |             |          |                       | Trust Fund Contribution  |                                |                     |                            |
| DERICH, E PAUL 9056 WEATHERLY ROAD BROOKSVILE FL 34601  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Furnish to the provisions of Sections Co.7 05:02 and 607 15:08, Forrida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent of both, in the State of Florida Statutes Statutes.  85 CNATURE   P.O. Box Number is Not Acceptable)  86 Zip Code  11. Furnish to the provisions of Sections Co. Octoor St. Oc | Zip             | Country  | Zip                                 | Co          | untry    | ,                     |  |                                |                     | 199.032,                   |
| DIERICH, E PAUL  9058 WEATHERLY ROAD BROOKSVILE FL 34601  11. Pursuant to this provisions of Sociales 607 0502 and 607 1508, Forida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer citize or registered agent or both, in the State of India Statutes, the above-named corporation submits this statement for the purpose of changing its registerer citize or registered agent or both, in the State of India Statutes, the above-named corporation submits this statement for the purpose of changing its registerer citize or registered agent or both, in the State of India Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered sequenced by the corporation's board of directors. I hereby accept the appointment as registered Sequenced State State (1) and 1 | 4               | ·,· · · · · · · · · · · · · · · · ·              |                                     | 30          | ,        |                       |  |                                |                     |                            |
| DEFINANCE STATE ST |                 | 9. Name and Address of Curre                     | nt Registered Agent                 |             |          | T-7:                  | 10. Name and Address of New Reg  | listered Ager                  | t                   |                            |
| BROOKSVILE FL 34601  83  64 City FL 85 Zep Code  11. Pursuant to the previsions of Socions C07 0502 and 607 1508. Exertida Statutes, the above named corporation submits this statement for the purpose of changing its registered depend Learn directors and accept the objections of Socions 607,0506. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANG |                 |  |                                     |             | וא       | Name                  |  |                                |                     |                            |
| Bat   City   FL   Bat   Zip Code   |                 |  |                                     | i           | 82       | Street Addre          | dress (P.O. Box Number is Not Acceptable)  |                                |                     |                            |
| 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent 1 and accorpt the obligations of Soctions 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent 1 and accept the obligations of todingstone of Soction 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. DEETE 11. The Direct point of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of changing its registered agent and recipied with the state of the purpose of the above contains a board of directors. I hereby accept the appointment as registered agent and recipied with the state of the purpose of the above contains a board of the purpose of the appointment as registered agent. I have been added to the purpose of the appointment as registered agent and recipied with the state of the purpose of the above contains a board of the purpose of the appointment as registered agent and recipied with the state of the purpose of the purpose of the above contains a board of the purpose of the above contains a bo | BHU             | OKSVILLE PL 34001                                |                                     |             | 83       |                       |  |                                |                     |                            |
| 11. Pressure to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above named comporation submits this statement for the purpose of changing its registered eigher to robb, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered eigher than familiar with and accept the obligations of. Section 607 0505, Florida Statutes.  SIGNATURE  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PD. BYERS, P.J.  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  III. DELETE 11 THE 11 THE 11 THE 12 Things Addition of the purpose of  |                 |  |                                     |             | 84       | City                  |  | pu   85                        | Zip (               | Code                       |
| cdire correspected 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 and accept the obligations of Societin 677-5695. Plorida Statutes.  SIGNATURE  12. OF FIGERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. BY 12. BY 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. BY 12. BY 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. BY 13. BY 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. BY 13. BY 13 |                 |  |                                     |             | Ш        | <u> </u>              |  |                                | 1                   |                            |
| 12.  | office or r     | egistered agent, or both, in the State           | e of Florida. Such change was a     | authorize   | od by    | the corporation       | oration submits this statement for the pl<br>on's board of directors. I hereby accep | rpose of cha<br>t the appointn | nging it<br>nent as | s registered<br>registered |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  11 TIME  12 NAME  8009 30TH ST S  501Y 51 24  8009 30TH ST S  51 STREET ADDRESS  51. PETERSBURG FL  14 CITY-51-2IP  14 CITY-51-7IP  15 Change  Addition  15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15 AND CHANGES  15 STREET ADDRESS  14 CITY-51-7IP  15 Change  Addition  16 Change  Addition  17 ADMA  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19 ANDRESS  51 STREET ADDRESS  24 CITY-51-7IP  15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16 Change  Addition  17 ADMA  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17 ADMA  18 ADMA  18 ADMA  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18 ADMA  25 STREET ADDRESS  26 ADTY-51-7IP  18 ADMA  18 ADMA  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18 ADMA  18 A | SIGNATURE       | Sign for expect or product name of registered as | ent and title if applicable (NOTE   | . Registere | d Age    | ent signature require | ed when reinstating)   | DATE                           |                     |                            |
| BYERS, P.J. 6009 30TH ST S CHY STZIP 6009 30TH ST S ST. PETERSBURG FL  DELETE 21 THE VAME VAME VAME VAME VAME VAME VAME VAM  | 12.             |  |                                     |             | ,        |                       |  | ERS AND DIF                    | ECTOR               | IS IN 12                   |
| Street Address   | TillE           | PD   | DELETE                              | 1.1 T       | TLE      |                       | ### ##################################   |                                | Change              | Addition                   |
| Street Address   | NAME            | BYERS, P.J.                                      |                                     | 1.2 N       | AME      | ļ.                    |  |                                |                     |                            |
| DELETE   DELETE   2.1 TITLE   Change   Addition   Add   | STREET ADORESS  |  |                                     | 1.3 S       | TREET    | ADDRESS               |  |                                |                     |                            |
| DELETE   DELETE   2.1 TILE   Change   Addition   Addi   | CITY: ST-ZIF    | ST. PETERSBURG FL                                |                                     | 1.4 0       | ITY-S    | ST-ZIP                | •  |                                |                     |                            |
| 2.3 STREET ADDRESS   | TITLE           |  | ☐ DELETE                            | 2.1 1       | ITLE     |                       |  |                                | Change              | Addition                   |
| 2 4 CITY - ST - ZIP  | NAME            |  |                                     | 2.2 N       | AME      |                       | •  |                                |                     |                            |
| DELETE   31 TITLE     Change   Addition  | STREET ADORESS  |  |                                     | 2.3 9       | TREET    | ADDRESS               |  |                                |                     |                            |
| NAME STREET ALKARES CITY_ST_ZIP  THE  DELETE 4.1 TITLE ALA NAME ALA STREET ADDRESS CITY_ST_ZIP  THE  DELETE 5.1 TITLE Change Addition Addi | Offy SI-74      |  |                                     | 2.40        | CITY - S | ST-ZIP                |  |                                |                     |                            |
| STREET ADDRESS CHY-ST-ZIP FILLE  AACHY-ST-ZIP FILLE  AACHY-ST-ZIP  STREET ADDRESS CHY-ST-ZIP  ACHY-ST-ZIP  ACHY-ST-ZIP  THE DELETE  ATTITLE  AACHY-ST-ZIP  THE DELETE  STREET ADDRESS CHY-ST-ZIP  THE DELETE  STREET ADDRESS CHY-ST-ZIP  ACHTY-ST-ZIP  STREET ADDRESS CHY-ST-ZIP  ACHTY-ST-ZIP  14. I do hereby certify that the information supplied with this bind does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.   further certify that the  | TULE            |  | DELETE                              | 3.1 T       | ITLE     |                       |  |                                | Change              | Addition                   |
| CITY ST-ZIP  FILE  DELETE  4.1 TITLE  Addition  4.2 NAME  SIREF ADDRESS  CITY ST-ZIP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  CITY ST-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  STREET ADDRESS  CITY ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY ST-ZIP  TITLE  Change Addition  STREET ADDRESS  CITY ST-ZIP  14. I do beneby certify that the information supplied with this paragoes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes   further certify that the  | NAME            |  |                                     | 3.2 N       | AME      |                       |  |                                |                     |                            |
| THE DELETE 4.1 TITLE DELETE 4.1 TITLE Addition  SIREF LADDRESS  CITY - ST - ZIP  THE DELETE 5.1 TITLE Change Addition  SIREF LADDRESS  CITY - ST - ZIP  THE DELETE 5.1 TITLE Change Addition  SIREF LADDRESS  CITY - ST - ZIP  THE DELETE 6.1 TITLE Change Addition  Fig. 1. Title Change Addition  Change Addition  Change Addition  Addition  Fig. 1. Title Change Addition  SIREF LADDRESS  CITY - ST - ZIP  THE CHANGE ADDRESS  CITY - ST - ZIP  THE CHANGE ADDRESS ADDRESS  CITY - ST - ZIP  THE CHANGE ADDRESS ADDRESS ADDRESS ADDRESS  CITY - ST - ZIP  THE CHANGE ADDRESS A | STREET ADORESS  |  |                                     | 3.3 S       | TREET    | ADDRESS               |  |                                |                     |                            |
| A 2 NAME  STREET ADDRESS  CITY - ST - ZIP  THLE  DELETE  5.1 TITLE  Change Addition  STREET ADDRESS  CITY - ST - ZIP  FILE  DELETE  5.1 TITLE  Change Addition  Change Addition  STREET ADDRESS  CITY - ST - ZIP  FILE  STREET ADDRESS  CITY - ST - ZIP  14. I do hereby certify that the information supplied with this pire does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the  | CHY-ST-ZIF      |  |                                     | 3.4.0       | CITY - S | ST-ZIP                |  |                                |                     |                            |
| SIREFLADORESS CITY-ST-ZIP  DELETE DELETE 5.1 TITLE Change Addition SIREFLADORESS CITY-ST-ZIP  DELETE 5.1 TITLE Change Addition SIREFLADORESS CITY-ST-ZIP  DELETE 6.1 TITLE Change Addition SIREFLADORESS CITY-ST-ZIP  14. I do hereby certify that the information supplied with this pure does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the   | TITLE           |  | DELETE                              | 4.1 T       | TLE      |                       |  |                                | Change              | Addition                   |
| CITY ST-ZIP  THE DELETE 5.1 THE Change Addition  SERVET ADDRESS CITY ST-ZIP  THE DELETE 6.1 THE CHANGE  STREET ADDRESS CITY ST-ZIP  THE DELETE 6.1 THE CHANGE  STREET ADDRESS CITY ST-ZIP  14. I do hereby certify that the information supplied with this pure does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  | NAME            |  |                                     | 4.21        | MAME     |                       |  |                                |                     |                            |
| THE DELETE 5.1 THE Change Addition NAME SPECEL ADDRESS CHY-ST-2P THEF ADDRESS CHY-ST-2P THEF THEF THEF THEF THEF THEF THEF THEF   | STREET ADORESS  | 1  |                                     | 4.3 S       | TREET    | ADDRESS               |  |                                |                     |                            |
| SARCE   ADDRESS   53 STREET ADDRESS   54 CITY - ST-ZIP   THLE   Change   Addition    NAME   STREET ADDRESS   54 CITY - ST-ZIP    THLE   DELETE   6.1 THLE   Change   Addition    NAME   62 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 time does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  | Offy: ST-ZIF    |  |                                     | 4.4 0       | 17 Y - S | ST-ZIP                |  |                                |                     |                            |
| 53 STREET ADDRESS CREY ST-ZEP  BELF DELETE DELETE STREET ADDRESS CREY ST-ZEP  6.1 TITLE Change Addition STREET ADDRESS CREY ST-ZEP 6.3 STREET ADDRESS CREY ST-ZEP 6.4 CITY-ST-ZEP 6.4 CITY-ST-ZEP  14. I do hereby certify that the information supplied with this time does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  | TOTALE          |  | DELETE                              | 5.1 Y       | ILE      |                       |  |                                | Change              | Addition                   |
| SERY ST-ZEP  BILE  DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZEP  14. I do hereby certly that the information supplied with this time does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the   | NAME            |  |                                     | 5.2 N       | 3MA      |                       |  |                                |                     |                            |
| THE DELETE 6.1 THE Change Addition  NAME  SPECE ADDRESS  CITY ST-ZIP  14. I do hereby certify that the information supplied with this time does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the   | STREET ADJUNESS |  |                                     | 5.3 S       | TREET    | ADDRESS               |  |                                |                     |                            |
| STEEL ADDRESS CITY: ST-ZIP  14. I do hereby certly that the information supplied with this jurg does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  | CHY-S1-ZiF      |  |                                     | 5.40        | 11 Y - S | ST-ZIP                |  |                                |                     |                            |
| STREET ADDRESS CITY: ST- ZIP  14. I do hereby certly that the information supplied with this jump does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  | THLE            |  | DELETE                              | 6.1 T       | ∤TL€     |                       |  |                                | Change              | Addition                   |
| 64 City-St-ZiP  14. I do hereby certify that the information supplied with this jung does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the   | NAME            |  |                                     | 6.2 N       | AME      |                       |  |                                |                     |                            |
| 14. I do hereby certly that the information supplied with this two does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the   | \$166E FADDRESS |  |                                     | 6.3 S       | TREET    | ADDRESS               |  |                                |                     |                            |
| 14. I do hereby certify that the information supplied with this time does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the   | CITY: ST-ZIF    |  | 4                                   | 6.4 0       | aty-s    | ST-ZIP                |  |                                |                     |                            |
|  | 14. I do heret  | by certify that the information supplic          | d with this filling does not qualif | y for the   | ехе      | mption stated         | in Section 119.07(3)(i). Florida Statutes  | . I further cert               | ify that            | the                        |