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

FILED May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 690462 (7) JERRY BYRD, INC. Principal Place of Business Mailing Address JS451_SWEETWATER_COURT: SE 15451 SWEETWATER COURT, SE 7082 GARNADA LAKES F+ Myers, F1. 33912 FT MYERS FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1981 2. Principal Place of Business Applied For 21 26 59-2118903 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intengible 24 25 29 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent SYRD, JERRY
15461 SWEETWATER COURT, SE 7082 GARNADA
FT MYERS FL 33912

FY MYERS FL 33912

FY MYERS FL 33912 Street Address (P.O. Box Number is Not Acceptable) вз 84 City 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. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. i and tille if applicable SIGNATURE (NOTL: Registered Agent signature required when reinstating) OFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE 7082 GARNADA BYRD, JERRY NAME 1.2 NAME CR2E034 15451 SWEETWATER CT. SE 1.3 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP 2.1 TITLE Change Addition TITLE BYRD, DELORIS NAME 2.2 NAME 15451-SWEETWATER CT, SE 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 NTLE Change ☐ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - ST - ZIP Change DELETE Addition TITLE **6.1 TITLE** NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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 open attachment with an address.

STREET ADDRESS

CITY-ST-ZIP