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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F28981** **(1)**

1. Corporation Name
LOYD & LOYD CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
16313 LAKE SHERMAN DRIVE CLERMONT FL 34711 US	16313 LAKE SHERMAN DRIVE CLERMONT FL 34711-8120 US

3. Date Incorporated or Qualified: 04/08/1981
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21 5475 WINDANTIDE
Suite, Apt. #, etc.
22
City & State
23 ST. AUGUSTINE, FL
Zip 24 32084 Country 25 USA

2a. Mailing Address
26 5475 WINDANTIDE
Suite, Apt. #, etc.
27
City & State
28 ST. AUGUSTINE, FL
Zip 29 32084 Country 30 USA

4. FEI Number: 59-2090483 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOYD, EVELYN JO
16313 LAKE SHERMAN DRIVE
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name: LOYD, EVELYN JO
82 Street Address (P.O. Box Number is Not Acceptable): 5475 WINDANTIDE
83
84 City: ST.AUGUSTINE FL 85 Zip Code: 32084

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	LOYD, SAMMY A.		1.2 NAME	LOYD,SAMMY A.	
STREET ADDRESS	16313 LAKE SHERMAN DRIVE		1.3 STREET ADDRESS	5475 WINDANTIDE	
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP	ST. AUGUSTINE,FL 32084	
TITLE	VS	☐ DELETE	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	LOYD, EVELYN JO		2.2 NAME	LOYD, EVELYN JO	
STREET ADDRESS	16313 LAKE SHERMAN DRIVE		2.3 STREET ADDRESS	5475 WINDANTIDE	
CITY-ST-ZIP	CLERMONT FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE,FL 32084	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	LOYD, DORIS LEE		3.2 NAME	LOYD,DORI LEE	
STREET ADDRESS	16313 LAKE SHERMAN DRIVE		3.3 STREET ADDRESS	5475 WINDANTIDE	
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	P	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	LOYD, ROBERT V.		4.2 NAME	LOYD, ROBERT V.	
STREET ADDRESS	16313 LAKE SHERMAN DRIVE		4.3 STREET ADDRESS	5475 WINDANTIDE	
CITY-ST-ZIP	CLERMONT FL		4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	V	☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	LOYD, SAMMY A., II		5.2 NAME	LOYD, SAMMY A. II	
STREET ADDRESS	16313 LAKE SHERMAN DRIVE		5.3 STREET ADDRESS	5475 WINDANTIDE	
CITY-ST-ZIP	CLERMONT FL		5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	V	☐ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	LOYD, EVELYN IRENE		6.2 NAME	LOYD-KILGORE, EVELYN IRENE	
STREET ADDRESS	16313 LAKE SHERMAN DRIVE		6.3 STREET ADDRESS	5475 WINDANTIDE	
CITY-ST-ZIP	CLERMONT FL		6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: Evelyn Loyd-Kilgore REQUIRED — April 1, 1997 (904)471-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #