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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

LOYD & LOYD CONSTRUCTION COMPANY, INC.

Principal Place of Business

Mailing Address

**FILED** May 05 1998 8:00am Secretary of State



5475 WINDANTIDE ST AUGUSTINE FL 32084 US		5475 WINDANTIDE ST AUGUSTINE FL 32084 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/08/1981
	lace of Business	2a, Mailing Address	Gardoch	. 4 FEI Number Applied For
Sulte, Apt	12 W. Grybeck Dr.	26 11442 W. Suite, Apl. #, etc.	aichperr	
22	#, <b>G</b> IC.	27		5. Certificate of Status Desired See Required
City & State . City & State				6. Election Campaign Financing \$5.00 May Be
23 HON	10SASSA, FL	28 Homos As.	SA, FL	Trust Fund Contribution Added to Fees
Zip 24 344	48 25 US	-dd <del></del>	Country	A. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30. Yes No
g, Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent				
LOID ETLLITO				LOYD, EVELYW JOE Address (P.O. Box Number is Not Acceptable) 142 W. GRYBECK DC.
			84 City	OMOSASSA FL 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, 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 temper with, and accept the objection 607.0505, Florida Statutes.				
SIGNATURE	Signature, typy for printed bands of registered agen	med for all prophy abile (NOTE	Registered Agent signature	(Child who renetation) (Child 14 / 1998)
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	DELETE	1.1 TITLE	P Change Addition
NAME	LOYD, SAMMY A.		1.2 NAME	LOYD, SAMMY A
STREET ADDRESS	8475 WINDANTIDE		1.3 STREET ADDRESS	11442 W. GRYBECK Dr.
CITY - ST - ZIP	ST AUGUSTINE FL VS	☐ DELETE	1.4 CITY - ST - ZIP	HOMOSASSA FL 34448 VS MS Chance Addition
TITLE NAME	LOYD, EVELYN JO	☐ OECETE	2.1 TITLE 2.2 NAME	VS LOYD, EVELYN JOE
STREET ADDRESS	5475 WINDANTIDE		2.3 STREET ADDRESS	1144a W. GRYBECK dr.
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 City-St-Zip	Homosassa FL 34448
TITLE	V	DELETE	3.1 TITLE	Change Addition
NAME	LOYD, DORIS LEE		3.2 NAME	LOYD, DORI LEE
STREET ADDRESS	<b>5</b> 475 WINDANTIDE		3 3 STREET ADDRESS	11442 W. GRYBECK Dr.
CITY-ST-ZIP	ST AUGUSTINE FL	· · · · · · · · · · · · · · · · · · ·	3 4. CITY-S1-ZIP	HOMOSASSA FL 34448
TITLE	P	DELETE	4.1 TITLE	Change Addition
NAME	LOYD, ROBERT V.		4. 2 NAME	
STREET ADDRESS	6475 WINDANTIDE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	DELETE	4.4 CITY-ST-ZIP	N Change I subtract
TITLE	LOYD, SAMMY A., II	☐ DELETE	5.1 TITLE	V MacChange ∐ Addition
NAME Street address	5475 WINDANTIDE		5.2 NAME 5.3 STREET ADDRESS	LOYD, SAMMY A., II 11442 W. GRYBECK Dr.
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP	Homosassa FL 34449
TITLE	V	DELETE	6.1 TITLE	Change Addition
NAME	LOYD, EVELYN IRENE		6.2 NAME	LOYD - KILGORE, EVELYN Franc
STREET ADDRESS	5475 WINDANTIDE		6.3 STREET ADDRESS	LOYD-Kilgore, Evely Virene 11442 W. GRYBECK Dr.
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-ST-ZIP	HUMOSASSA EL 34448
de Lharaby a	416 - 46 - 4 45 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	this files does not suglify to	the average at a	discourse of the control of the cont

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 trusted ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with adultress.