

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90065 048 ***150.00

DOCUMENT # F28981

1. Corporation Name

LOYD & LOYD CONSTRUCTION COMPANY, INC.

Principal Place of Business

11442 W GRYBECK DRIVE
HOMOSASSA FL 34448
US

Mailing Address

11442 W GRYBECK DRIVE
HOMOSASSA FL 34448
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1981

4. FEI Number

59-2030483

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

LOYD, EVELYN JO
11442 W GRYBECK DRIVE
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name
Evelyn Irene Loyd-Kilgore

82 Street Address (P.O. Box Number is Not Acceptable)
11442 West Grybeck Drive

84 City
Homosassa

FL

85 Zip Code
34448

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

Evelyn Irene Loyd-Kilgore

Evelyn Irene Loyd-Kilgore

4-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LOYD, SAMMY A.
STREET ADDRESS 11442 W GRYBECK DRIVE
CITY-STATE-ZIP HOMOSASSA FL 34448
☒ DELETE

TITLE VS
NAME LOYD, EVELYN JO
STREET ADDRESS 11442 W GRYBECK DRIVE
CITY-STATE-ZIP HOMOSASSA FL 34448
☐ DELETE

TITLE V
NAME LOYD, DORIS LEE
STREET ADDRESS 11442 W GRYBECK DRIVE
CITY-STATE-ZIP HOMOSASSA FL 34448
☐ DELETE

TITLE V
NAME LOYD, SAMMY A., II
STREET ADDRESS 11442 W GRYBECK DRIVE
CITY-STATE-ZIP HOMOSASSA FL 34448
☐ DELETE

TITLE V
NAME LOYD-KILGORE, EVELYN IRENE
STREET ADDRESS 11442 W GRYBECK DRIVE
CITY-STATE-ZIP HOMOSASSA FL 34448
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V
1.2 NAME Kilgore, Robert R.
1.3 STREET ADDRESS 11442 West Grybeck Drive
1.4 CITY-STATE-ZIP Homosassa FL 34448
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

4.1 TITLE P
4.2 NAME Loyd, Sammy A., II
4.3 STREET ADDRESS 11442 West Grybeck Drive
4.4 CITY-STATE-ZIP Homosassa, FL 34448
☒ Change ☐ Addition

5.1 TITLE P
5.2 NAME Loyd-Kilgore Evelyn Irene
5.3 STREET ADDRESS 11442 West Grybeck Drive
5.4 CITY-STATE-ZIP Homosassa FL 34448
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Evelyn Irene Loyd-Kilgore

Evelyn Irene Loyd-Kilgore 4-22-99 (352)621-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0552.

CR2E034 (11/98)