

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F85304 (6)

1. Corporation Name
BYRD'S WINDOW & GLASS, INC.



Principal Place of Business 400 W. MAGNOLIA AVE. 615 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952 US	Mailing Address % CAROLYN SUE BYRD 615 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1982

4. FEI Number
59-2193961

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21	2a. Mailing Address 26 303 MAGNOLIA AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MERRITT ISLAND, FL
Zip 24	Country 25
Country 29	Zip 30 32952

9. Name and Address of Current Registered Agent

**BYRD, CAROLYN SUE
 615 SOUTH TROPICAL TRAIL
 MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BYRD, LANIS W JR
STREET ADDRESS	615 SOUTH TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 00000
TITLE	DST <input type="checkbox"/> DELETE
NAME	BYRD, CAROLYN SUE
STREET ADDRESS	615 SOUTH TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Byrd, Lanis W. Jr.
1.3 STREET ADDRESS	615 SOUTH TROPICAL TRAIL
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE *[Signature]* 407-453-3942 2-16-98

CR2E034 (10/97)