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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90152 049 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G18589

1. Corporation Name
BYRD PAINTING, INC.



Principal Place of Business
% CARLTON BYRD
716 S.W. ONTARIO AVENUE
LIVE OAK FL 32060

Mailing Address
% CARLTON BYRD
716 S.W. ONTARIO AVENUE
LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1983

4. FEI Number

59-2244876

Applied For
No: 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 % Vernon C. Byrd

22 Suite, Apt. #, etc.
710 S.W. ONTARIO AV

23 City & State
Live Oak FL

24 Zip
32060

25 Country
USA

2a. Mailing Address

26 % Vernon C. Byrd

27 Suite, Apt. #, etc.
710 S.W. ONTARIO AV

28 City & State
Live Oak FL

29 Zip
32060

30 Country
USA

9. Name and Address of Current Registered Agent

BYRD, CARLTON
716 S.W. ONTARIO AVENUE
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name
Vernon C. Byrd
82 Street Address (P.O. Box Number is Not Acceptable)
710 S.W. ONTARIO AV
83
84 City
Live Oak FL 85 Zip Code
32060

11. Pursuant to the provisions of Sections 607.050 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 *Vernon C. Byrd* *Vernon C. Byrd owner* 4-26-99
Signature, typed or printed name of registered agent and title if applicable. (NO: E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BYRD, CARLTON
STREET ADDRESS 716 S.W. ONTARIO AVENUE
CITY-ST-ZIP LIVE OAK FL

TITLE STD ☒ DELETE
NAME BYRD, JOHNNIE L.
STREET ADDRESS 716 S.W. ONTARIO AVENUE
CITY-ST-ZIP LIVE OAK FL

TITLE PD ☐ DELETE
NAME BYRD, VERNON
STREET ADDRESS 710 S.W. ONTARIO AVENUE
CITY-ST-ZIP LIVE OAK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME *Bradley C. Byrd*
1.3 STREET ADDRESS *1214 Martha St*
1.4 CITY-ST-ZIP *Live Oak, FL 32060*

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME *Byrd, Vernon C.*
2.3 STREET ADDRESS *710 S.W. ONTARIO AV*
2.4 CITY-ST-ZIP *Live Oak, FL 32060*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME *Byrd, Bradley S.*
3.3 STREET ADDRESS *1214 Martha St*
3.4 CITY-ST-ZIP *Live Oak, FL 32060*

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Vernon C. Byrd* *Vernon C. Byrd* 4-26-99 904362-1972
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)