

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:14

DOCUMENT # **H61896** (7)

1. Corporation Name

JAMES E. BYRD CONSTRUCTION, INC.

Principal Place of Business

5675A CEDARWOOD PLAZA HWY. 90 W.
P.O. BOX 3624
MILTON FL 32572

Mailing Address

5675A CEDARWOOD PLAZA HWY. 90 W.
P.O. BOX 3624
MILTON FL 32572

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/14/1985** 3a. Date of Last Report **03/28/1994**

4. FEI Number **59-2698575** 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. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Sute, Apt. #, etc. 26 Sute, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent

**BYRD, JAMES E.
148 CHARMONTE WAY
MILTON FL 32570**

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 607.0509, Florida Statutes.

SIGNATURE: *James E. Byrd*

3-8-95
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BYRD, EMORY
STREET ADDRESS	402 SANTA ROSA ST
CITY-STATE-ZIP	MILTON FL
TITLE	DVP
NAME	BYRD, IRENE
STREET ADDRESS	402 SANTA ROSA ST
CITY-STATE-ZIP	MILTON FL
TITLE	DP
NAME	BYRD, JAMES E.
STREET ADDRESS	148 CHARMONTE WAY
CITY-STATE-ZIP	MILTON FL
TITLE	DST
NAME	BYRD, JOANNE
STREET ADDRESS	148 CHARMONTE WAY
CITY-STATE-ZIP	MILTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Resigned
1.3 STREET ADDRESS	No Longer an Officer
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Resigned
2.3 STREET ADDRESS	No Longer an Officer
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Resigned
4.3 STREET ADDRESS	No Longer an Officer
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 on Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *James E. Byrd*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3-8-95 904
623,1749