

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Wortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 AUG -8 AM 8:30

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # H61896 (7)

1. Corporation Name
 JAMES E. BYRD CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 5675A CEDARWOOD PLAZA HWY. 90 W. 5675A CEDARWOOD PLAZA HWY. 90 W.
 P.O. BOX 3624 P.O. BOX 3624
 MILTON FL 32572 MILTON FL 32572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1985		3a. Date of Last Report 03/01/1996	
4. FEI Number 59-2698575		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21 5704 Charmonte way	2a. Mailing Address 26 James E. Byrd Const Inc		
22 Suite, Apt. #, etc.	27 PO BOX 3624		
23 City & State Milton FL	28 City & State Milton FL		
24 Zip 32572	29 Zip 32572	30 Country FL	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYRD, JAMES E.
 148 CHARMONTE WAY
 MILTON FL 32570

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, JAMES E.	1.2 NAME	
STREET ADDRESS	148 CHARMONTE WAY	1.3 STREET ADDRESS	300002266343--6
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	-08/13/97--01106--008
TITLE		2.1 TITLE	****165.00 ****165.00
NAME		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____ James E. Byrd 7-21-97

CP2E034 (4/97)