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PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Treasurer, Matthew
Sweeney of State
DEPARTMENT OF CORPORATIONS

DOCUMENT # **H93357** (2)

BYRD ENTERPRISES OF S.W. FLORIDA, INC.



1. Name of Corporation: **BYRD ENTERPRISES OF S.W. FLORIDA, INC.**

2. Date of Previous Report: _____

21. State of Incorporation: _____

22. Fiscal Year: _____

23. Date of Report: _____

24. Name of Registered Agent: _____

25. Address of Registered Agent: _____

26. Name of Agent: _____

27. Address of Agent: _____

28. City: _____

29. State: _____

30. Zip: _____

9. Name and Address of Current Registered Agent

3. Date of Incorporation or Qualification: **01/07/1986**

3a. Date of Last Report: **01/31/1995**

4. FEIN Number: **59-2749779**

5. Date of Last Status Declared:

6. Election Campaign Financing Trust Fund Contribution:

8. This corporation has liability for income tax under S. 193.03, Florida Statute: Yes No

10. Name and Address of New Registered Agent

BYRD, ORVILLE
2599 66TH ST. S.W.
NAPLES FL 33999

81. Name: _____

82. Street Address (P.O. Box Number, Not Applicable): _____

83. City: _____

84. State: **FL**

85. Zip Code: _____

11. I, the undersigned, as a duly authorized officer or director of the above named corporation, submit this statement for the purpose of changing its registered office to the above address and for the purpose of changing its registered agent to the above named person. I hereby accept the appointment as registered agent of the above named person and agree to be bound by the provisions of the Florida Statutes.

12. OFFICERS AND DIRECTORS

P	BYRD, ORVILLE	2599 66TH ST. SW	NAPLES FL	VP
	BYRD, GREG	6031 12TH AVE. SW	NAPLES FL	ST
	BYRD, PATRICIA	2599 66TH ST. SW	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

12/1/96	12/25/96	12/26/96	12/27/96	12/28/96	12/29/96	12/30/96	12/31/96
[] Change	[] Addition	[] Change	[] Addition	[] Change	[] Addition	[] Change	[] Addition

14. I, the undersigned, as a duly authorized officer or director of the above named corporation, submit this statement for the purpose of changing its registered office to the above address and for the purpose of changing its registered agent to the above named person. I hereby accept the appointment as registered agent of the above named person and agree to be bound by the provisions of the Florida Statutes.

SIGNATURE: *Orville W. Byrd* **ORVILLE W. BYRD** 1/22/96 941/643-5313

CR2E034 (12/95)