

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H94049

(4)

1. Corporation Name

THE BOYD COMPANY, INC.

Principal Place of Business

5367 ORTEGA BOULEVARD
JACKSONVILLE FL 32210

Mailing Address

5367 ORTEGA BOULEVARD
JACKSONVILLE FL 32210

2. Principal Place of Business

2a. Mailing Address

21

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

William E. Boyd

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

5367 Ortega Blvd #100
4366 Roma Blvd

84 City

Jacksonville

FL

85 Zip Code
32210

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (acceptable)

(P.O. Box Number is Not Acceptable)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PTD
BOYD, W E
4355 GALILEO AVE.
JACKSONVILLE FL
VSD
BOYD, M J
4355 GALILEO AVE.
JACKSONVILLE FL

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1. TITLE
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94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

PTD
William E. Boyd
4366 Roma Blvd
Jacksonville FL 32210
VSD
M.J. Boyd
4366 Roma Blvd
Jacksonville FL 32210

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

904-389-6868

CR2E034 (12/95)