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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K64031 (3)
1. Corporation Name
THOMAS F. BYRNE ORGANIZATION CORP.



Principal Place of Business Mailing Address
5830 BENT PINE DRIVE 5830 BENT PINE DRIVE
VERO BEACH FL 32967 VERO BEACH FL 32967-7589

3. Date Incorporated or Qualified 02/02/1989 3a. Date of Last Report 10/10/1996
4. FEI Number 59-2833859 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country
25

9. Name and Address of Current Registered Agent

O'NEILL, EUGENE J.
979 BEACHLAND BLVD.
VERO BEACH FL FL 32933

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 607.0505, Florida Statutes.

SIGNATURE

(Signature required for performance of registered agent and director and if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	BYRNE, SUZANNE	1.2 NAME	
STREET ADDRESS	95 MAYHILL ST. P.O. BOX 6565 N/A	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SADDLEBROOK NJ	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	
NAME	SCHIELS, BRIAN	2.2 NAME	
STREET ADDRESS	95 MAYHILL ST./P.O. BOX 6565	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SADDLEBROOK NJ	2.4 CITY-STATE-ZIP	
TITLE	DP	3.1 TITLE	
NAME	BYRNE, THOMAS F	3.2 NAME	
STREET ADDRESS	95 MAYHILL ST. P.O. BOX 6565 N/A	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SADDLEBROOK NJ	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 registered agent 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

Date

Daytime Phone #

0111257

CR2E034 (9/96)