FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** K78037 RICHARD BYRD CARETAKING, INC. Principal Place of Business Mailing Address % INEZ W. BYRD % INEZ W. BYRD 3251 HARBOR BEACH DRIVE 3251 HARBOR BEACH DRIVE DO NOT WRITE IN THIS SPACE LAKE WALES FL 33853 LAKE WALES FL 33853 3. Date Incorporated or Qualified 03/31/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2950764 Not Applicat Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes No.-0. 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BYRD, INEZ W. 3251 HARBOR BEACH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition TITLE 1.1 TITLE NAME BYRD, I. RICHARD 12 NAME 3251 HARBOR BEACH DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAKE WALES FL CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2 1 TITLE NAME BYRD, INEZ W. 2.2 NAME STREET ADDRESS 3251 HARBOR BEACH DRIVE 2.3 STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP 14. Thereby 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 chapted, or on an algorithms with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

DELETE

Addition

Change