

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # L31684 (8)**

1. Corporation Name

**O'BYRNE AND PARKER, P.A., CERTIFIED PUBLIC ACCOUNTANTS**



Principal Place of Business

Mailing Address

% WILLIAM H. O'BYRNE  
6 NW SECOND AVENUE  
ALACHUA FL 32615

PO BOX 1239  
ALACHUA FL 32615  
US

3. Date Incorporated or Qualified

11/20/1989

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2980033

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BYRNE, WILLIAM H.  
14115 NW 150TH AVE  
ALACHUA FL 32615

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, typed or printed name of registered agent and title if an individual

(NOTE: Registered Agent Signature required on all renewals)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
O'BYRNE, WILLIAM H.  
STREET ADDRESS  
14115 NW 150TH AVE  
CITY - ST - ZIP  
ALACHUA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
PARKER, CHARLES B  
STREET ADDRESS  
14115 NW 150TH AVE  
CITY - ST - ZIP  
ALACHUA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.4 CITY - ST - ZIP

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

3-22-96 904-462-2815  
Date Daytime Phone

CR2E034 (12/95)