

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

FILED

Jan 16 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 # **L31684** (8)

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

Principal Place of Business

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

Mailing Address

**PO BOX 1239  
ALACHUA FL 32616-1239  
US**

3. Date Incorporated or Qualified

**11/20/1989**

3a. Date of Last Report

**03/28/1996**

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

2. Principal Place of Business

21 **O'Byrne + Parker PA CPA**

Suite, Apt. #, etc.

22 **14115 N.W. 150th Ave**

City & State

23 **Alachua FL**

Zip

24 **32615**

Country

25 **USA**

2a. Mailing Address

26 **O'Byrne + Parker PA CPA**

Suite, Apt. #, etc.

27 **14115 N.W. 150th Ave**

City & State

28 **Alachua FL**

Zip

29 **32615**

Country

30 **USA**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 of officer or director of corporation and registered agent and title (Applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'BYRNE, WILLIAM H.</b>	
STREET ADDRESS	<b>14115 NW 150TH AVE</b>	
CITY - ST - ZIP	<b>ALACHUA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PARKER, CHARLES B</b>	
STREET ADDRESS	<b>14115 NW 150TH AVE</b>	
CITY - ST - ZIP	<b>ALACHUA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 included 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:

*W. H. O'Byrne*

**W. H. O'BYRNE**

**1-9-97**

**904-462-2815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (9/96)