

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # L33736

(4)

95 MAY -1 AM 10:55

1. Corporation Name

BOBBY BYRD REAL ESTATE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**Robert W. Byrd
% LANCE R. HUTCHINSON
1208 S. MYRTLE AVE.
CLEARWATER FL 34616**

Mailing Address
**Robert W. Byrd
% LANCE R. HUTCHINSON
1208 S. MYRTLE AVE.
CLEARWATER FL 34616**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/01/1989

3a. Date of Last Report
05/01/1994

4. FBI Number
59-2880061

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

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Same as above.

2a. Mailing Address
26 Same as above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24 **25**

28 **29** **30**

9. Name and Address of Current Registered Agent

**HUTCHINSON, LANCE R.
1208 S. MYRTLE AVE.
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name
Robert W. Byrd

82 Street Address (P.O. Box Number is Not Acceptable)
1208 S. Myrtle Avenue

83

84 City **Clearwater,** **FL** 85 Zip Code **34616**

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

Robert W. Byrd
Signature of individual named in Block 9 or 10, if applicable

(NOTE: Registered Agent signature required when reappointing)

42695
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BYRD, ROBERT W.
1208 S. MYRTLE AVE.
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HUTCHINSON, LANCE R.
1208 S. MYRTLE AVE.
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Delete Lance R. Hutchinson

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)(b), 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:

Robert W. Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Byrd

42695

813-442-8181

Date Expires