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

Mailing Address

BYRD. ROBERT W

1208 S. MYRTLE AVE.

CLEARWATER FL 34616

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L33736

1. Corporation Name

Principal Place of Business

BYRD. ROBERT W

SIGNATURE

1208 S. MYRTLE AVE.

CLEARWATER FL 34616

BOBBY BYRD REAL ESTATE, INC.

2. Principa	Place of Business	2a Mailing Address			12/01/1989		
21		2a. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>59-2980061</u>		Not Applicat	
<u>ee</u>		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$f	8.75 Additional
City & St	ate	City & State			<del></del>		Fee Required
23		28			6. Election Campaign Financing	□ <b>\$</b>	5.00 May Be
Zip	Country	Zip	Countr		Trust Fund Contribution	^	Added to Fees
24	25	29		у	8. This corporation owes the curr	ent year Intangibl	e
	9. Name and Address of Current	Registered Agent	30		Personal Property Tax.	DY6	
<b>5</b> 1.41		- to Broton of Agent	81	Name	10. Name and Address of New F	egistered Agent	i
	RD, ROBERT W			ivame			
1208 S MYRTLE AVENUE				Street Ad	dress (P.O. Box Number is Not Accepta	hle)	
CLEARWATER FL 34616				83			
				1			
			84	City			
44 Durayani	I to the					E 85	Zip Code
office or	registered agent, or both in the State of	and 607,1508, Florida Statute	es, the above	e-named cor	rporation submits this statement for the	TL T	<u>33156</u>
agent	am familiar with, and accept the obligation	ns of Section 607.0505. Flor	uthorized by rida Statutes	the corporat	tion's board of directors. I hereby accep	the appointment	ng its registered as registered
SIGNATURE	to the previsions of Sections 607.0502 a registered agent, or both in the State of am familiar with, and accept the obligation		Oldicio	•		1 1 -	<b>5</b>
	Signature typed or printed name of registered agent ar	d title if audicable: (NOTE:			red when reinstating)	<u> </u>	
	OFFICERS AND	DIRECTORS	13.	3 (5 4		DATE	
TITLE	PDST	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF		
NAME	BYRD, ROBERT W.		1.2 NAME	1		☐ Ch	ange
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL						
TITLE		☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP			
NAME				f		☐ Cha	ange Addition
STREET ADDRESS			2.2 NAME	1	•		
CITY-ST-ZIP			2.3 STREET				
TITLE		☐ DELETE	2.4 CITY-ST	- ZIP	<u> </u>		
NAME		☐ DEFEIF	3.1 TITLE		· · · · · · · · · · · · · · · · ·	☐ Cha	nge Addition
TREET ADDRESS			3.2 NAME	ĺ	•	, —	J
			3.3 STREET A	ADDRESS			
TITLE			3.4, CITY-ST-	ZIP			
IAME		☐ DELETE	4.1 TITLE			Char	TO TAKE
			4. 2 NAME				nge 🗌 Addition
TREET ADDRESS			4.3 STREET A	DDRESS		•	
ITY-ST-ZIP			4.4 CITY-ST-2	7IP			
ITLE		☐ DELETE	5.1 TITLE	<del></del>		<del></del>	
AME			5.2 NAME	- 1	•	☐ Chan	nge 🗌 Addition
TREET ADDRESS			5.3 STREET AL	DORESS		4	
TY-ST-ZIP			5.4 CITY-ST-Z				
TLE		☐ DELETE	6.1 TITLE		<del></del>		
WE			6.2 NAME			☐ Chan	ge Addition
REET ADDRESS			6.3 STREET AD	NDDEOR			
IY-ST-ZiP				1			ı
4. I hereby cer	rtify that the information supplied with this	filing does not qualify a	6.4 CITY-ST-Z				
officer or di Block 12 or	rtify that the information supplied with this in this annual report or supplemental annu- rector of the corporation of the receiver of Block 13 if changed, or on an attachmen	ial report is true and accurate report is true and accurate repowered to execut with an address, with all other contents.	e exemption e and that m cute this repo her like empo	stated in Se by signature : ort as require owered.	ection 119.07(3)(i), Florida Statutes. I fur shall have the same legal effect as if ma ed by Chapter 607, Florida Statutes; and	ther certify that the de under oath; the that my name a	e information at I am an ppears in

**FILED** Feb 19, 1999 8:00am **Secretary of State** 

02-19-1999 90040 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/01/1989