

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

FILED

**Feb 27 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 # M88140 (2)
1. Corporation Name
T.W. BYRD'S SONS, INC.



Principal Place of Business: **RT 1 BOX 30 BRANFORD FL 32008**
Mailing Address: **RT 1 BOX 30 BRANFORD FL 32008-9801**

3. Date Incorporated or Qualified: **06/24/1988**
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business: **RT 4 BOX 30**
2a. Mailing Address: **RT 4 BOX 30**
23. City & State: **Branford, FL**
28. City & State: **Branford FL**
24. Zip: **32008**
25. Country: **Lafayette**
29. Zip: **32008**
30. Country: **Lafayette**

4. FEI Number: **59-2896447**
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: **BYRD, JEFF PAUL RT. 1, BOX 20 BRANFORD FL 32008**
10. Name and Address of New Registered Agent: **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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, TWEAD JACK	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 29	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRANFORD FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, JEFF PAUL	2.2 NAME	
STREET ADDRESS	RT. 1, BOX 183	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRANFORD FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, EARL	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 181	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRANFORD FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, J.W.	4.2 NAME	
STREET ADDRESS	RT. 2, BOX 138	4.3 STREET ADDRESS	
CITY - ST - ZIP	MAYO FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 a 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: *T. Jack Byrd* **T. Jack Byrd** **2/21/97** **904-935-1544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)