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

PROFIT CORPORATION ANNUAL, REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000008605 (5)

DOCUMENT # P9400008605 (5)								
,	BYRD ENTERPRISES, IN	C.						
Principal Place of Business Mailing Address						I AND LAND IN THE STATE OF THE POSITION OF THE	IN III ANIEL MAENT IN IN	#
	EVIEW ROAD EAST LLE FL 32211		10516 LAKEVIEW ROAD EAST JACKSONVILLE FL 32211					
						01/24/1994	ba. Date of Last 7 06/14/	1995
2. Principal Pla	ce of Business	2a. Mailing Addre	1			4. FEI Number 59-3222743	-	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required		
22		27	d			6. Election Campaign Financing		00 May Be
Oity & State		City & State	¬ ′			Trust Fund Contribution	Add	ed to Fees
Zip Country		Zip	Zip Count			8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes		s 199.032.
24 25 9. Name and Address of Curre		29				Florida Statutes L. Yes L. No 10. Name and Address of New Registered Agent		
	9. Name and Address of Con-	Tell Hegistered Agent		81	Name			
BYRD, WILLIAM				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
5404 (CYPRESS CENTER DR., STE.	370		83	02			
TAMP	A FL 33609						85	Zip Code
					FL -			
l or vanietore	o the provisions of Sections 607.0: ed agent, or both, in the State of F h, and accept the obligations of, S	ionda, Such bhailide was e	MUNICIPED OF CIET	ove r corp	named corpo loration's boa	ration submits this statement for the purpour and of directors. I hereby accept the appoin	tment as registere	ed agent. I am
SIGNATURE	Signature, typed or printed name of registered a	igent and title if appresable		Ajor	nt Signati ite terlut	ADDITIONS/CHANGES TO OFFICE	DO AND DIDECT	TODS IN 12
12.	OFFICERS	AND DIRECTORS	13. 1E 1.13		T	ADDITIONS/CHANGES TO OFFICE	Change	
TIFLE	D Byrd, Daniel T		12 N					
NAME STREET ADDRESS	10516 LAKEVIEW ROAD	EAST	135	13 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 322	11		1.4 C(1) Y - ST - ZIP			Chang	e 🗍 Addition
THILF		[] Ditt		2 1 TITLE 22 NAME			C Suming	[] ,,,,,,,,
NAME CONTACT ADOPTED					T ADDRESS			
STREET ADORESS CITY-ST-ZIP					SI-ZIP			
TITLE		□ DE1		THLE	1		Chang	e 🔲 Addition
NAMI				AME eroce	EL ADDRESS			
STREET ADORESS	1				S' - ZIP			
CHY-ST-ZIP THLE		DE:		TITLE			☐ Chang	ge Add-tion
NAME			4.21	NAME				
STREET ADDRESS					L ADDRESS			
CITY-ST-ZIP		DEL		TITLE	SI-ZIP		☐ Chang	ge 🔲 Addition
TIFLE				NAME				
NAME STREET ADDRESS					EL ADORESS			
CITY S1-712					S1 20P		Chan	ge [] Addition
TilvE		[] DEL		T-TLE			П сияні	as 🖂 waamaa
NAME			Bi .	NAME Chille	ET ADDRESS			
STREET ADDRESS			1		ST-ZIP			
City St - 7iP	<u> </u>	Part Strates Election	Locily furnished and	d do	os not o ralifo	for the exemption stated in Section 119.0	7(3)(k), Florida St	atutes I further

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)(k), 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 cartify 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.
70Y-646 - SF23

SIGNATURE:

President D. T. Byrd

4/2/96

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