

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000011437 (8)**

1. Corporation Name

BYRD E OF PANAMA CITY, INC.



Principal Place of Business

**2515 COUNTRY CLUB DR.
LYNN HAVEN FL 32444**

Mailing Address

**2515 COUNTRY CLUB DR.
LYNN HAVEN FL 32444**

2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**BYRD, O. CARVER
2515 COUNTRY CLUB DR.
LYNN HAVEN FL 32444**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified **02/03/1994**

3a. Date of Last Report **07/18/1995**

4. FEI Number **59-3226769**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRD, O. CARVER	
STREET ADDRESS	2515 COUNTRY CLUB DR.	
CITY-STATE-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied in this filing is accurate, complete and true and equally for the exemption states in Section 119.073(3)(a), Florida Statutes. I further certify that the information located on this annual report or supplemental annual reports has been reviewed and made true to the best of my knowledge and belief. I am an officer or director of the corporation and this report has been prepared or caused to be prepared in accordance with Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, as an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Byrd

3/20/96 904 265 3151

CR2E034 (12/95)