

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071987 (9)

1. Corporation Name

BYRD DENTAL LAB INC.

Principal Place of Business

C-21, RT. 1 BOX 346-1
HAWTHORNE FL 32640

Mailing Address

C-21, RT. 1 BOX 346-1
HAWTHORNE FL 32640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/27/1994

4. FEI Number

Applied For

59-8281012

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**

7. This corporation has liability for intangible tax under § 199.025,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRD, HENRY R
C-21, RT. 1 BOX 346-1
HAWTHORNE FL 32640**

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

Signature of Registered Agent (if different from above) or Secretary of State (if applicable) (If Registered Agent is applying for initial appointment, leave blank)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD
NAME	BYRD, HENRY R
STREET ADDRESS	C-21, RT. 1 BOX 346-1
CITY, ST, ZIP	HAWTHORNE FL 32640
TITLE	D
NAME	BYRD, DAWN
STREET ADDRESS	C-21, RT. 1 BOX 346-1
CITY, ST, ZIP	HAWTHORNE FL 32640
TITLE	D
NAME	BYRD, SCOTT
STREET ADDRESS	4001-B SE 22 AVE
CITY, ST, ZIP	OCALA FL 34480
TITLE	D
NAME	BYRD, GREGGORY
STREET ADDRESS	3373 NW 10 ST
CITY, ST, ZIP	OCALA FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included 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 this 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:

Henry R Byrd
Signature and Typed or Printed Name of Signing Officer or Director
Henry R Byrd, Pres/ST/D

5-1-95

904-546-4374
Telephone Number