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FILED

Jan 21 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 # P95000009902 (4)

1. Corporation Name
BOYD LAW FIRM, P.A.



Principal Place of Business

106 E COLLEGE AVE
SUITE 900
TALLAHASSEE FL 32301

Mailing Address

106 E COLLEGE AVE
SUITE 900
TALLAHASSEE FL 32301-7732

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

59-3294381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BOYD, ROBERT J
106 E COLLEGE AVE
SUITE 900
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
WILLIAM L BOYD, III
STREET ADDRESS
106 E COLLEGE AVE., SUITE 900
CITY- ST- ZIP
TALLAHASSEE FL

1.2 TITLE ☐ DELETE

NAME
ROBERT J. BOYD
STREET ADDRESS
106 E COLLEGE AVE., SUITE 900
CITY- ST- ZIP
TALLAHASSEE FL

1.3 TITLE ☐ DELETE

NAME
LAURA BOYD PEARCE
STREET ADDRESS
106 E. COLLEGE AVE., SUITE 900
CITY- ST- ZIP
TALLAHASSEE FL

1.4 TITLE ☐ DELETE

NAME
JILL M BOYD
STREET ADDRESS
106 E COLLEGE AVENUE, SUITE 900
CITY- ST- ZIP
TALLAHASSEE FL

1.5 TITLE ☐ DELETE

NAME
[Blank]
STREET ADDRESS
[Blank]
CITY- ST- ZIP
[Blank]

1.6 TITLE ☐ DELETE

NAME
[Blank]
STREET ADDRESS
[Blank]
CITY- ST- ZIP
[Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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: Robert J. Boyd, Robert J. Boyd, VP, T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

Date

904-691-7381

Daytime Phone #

CR2E034 (9/96)