

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000043318 (1)**

1. Corporation Name  
**DAVID & KATHY FLOYD, INC.**



Principal Place of Business: **3409 34TH WAY WEST PALM BEACH FL 33407**  
Mailing Address: **3409 34TH WAY WEST PALM BEACH FL 33407**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/06/1995</b>	3a. Date of Last Report <b>N/A</b>
21		26		4. FEI Number <b>65-0587490</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE LAW FIRM OF LAWRENCE J. SPIEGEL-CHRTD</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES FL 33134</b>				81	Name <b>DAVID &amp; KATHY FLOYD</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>3409 34TH WAY</b>		
				83			
				84	City <b>WEST PALM BEACH</b>	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: *Kathy Floyd* **KATHY FLOYD - PRESIDENT** **4/24/96**  
Signature of individual registered agent and the filer (if the filer is not the registered agent) (If the filer is not the registered agent, the filer must sign this statement.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE		1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FLOYD, KATHY L</b>			2. NAME			
STREET ADDRESS	<b>3409 34TH WAY</b>			3. STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>			4. CITY-ST-ZIP			
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE		2. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FLOYD, DAVID R</b>			2.2 NAME			
STREET ADDRESS	<b>3409 34TH WAY</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 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: *Kathy Floyd* **KATHY FLOYD-PRES** **3/30/96** **407/689-0961**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)