## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009848 (8)

BYRAM SERVICES INC.

FILED Feb 19 1998 8:00am Secretary of State

Principal Place of Business					Mailing Address							1	i tuui	1001 110 1011	3 ((()) 00)() 1		)	ILE LULEL I			)į
1929 BYRAM DR. CLEARWATER FL 34618					1929 BYRAM DR. CLEARWATER FL 34618																
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City & Stat	City & State 23 TAMPA FLA.				City & State					A			6. Election Campaign Final			~ —			<b>\$5.00</b> May Be		
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			todiess of Curr	eni Hel	31818	red Age	int		81	II Name		10. Name and Address of New Registered Agent									
SHANK, GENE JR. 1929 BYRAM DR.									82		EUG				is Not Acc		JR	<u></u>			
CLEARWATER FL 34618									04		25 i	6	J. BOX	NUMBER N BL	ANC4	epia	ACL	es	LD	4	
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11. Pursuant	to the provis	sions o	Sections 607.05	502 and	1 607	.1508. F	lorida Statu	tes, the	abov	/e-name	d corpo	ration	submi	ts this sta	tement for	r the	purpose o	of chanc	aina it:	regist	ered
office or r	egistered ac	gent, o	r both, in the Stat d accept the obli	te of Flo	orida	. Such c	hange was	authoriz	ed b	v the co	orporatio	on's bo	ard of	directors	. I hereby	acce	ot the ap	pointme	nt as	register	ed
•		4111, CATA 4 A A	r II i	igaliyi is i	oi, c	section (	J07.03 <b>00</b> , F1	oriua or	atutç	70.						_	1<1	90			
SIGNATURE	Signatur types	or print	a generación la sent de	gent and t	title if a	applicable.	(NO	E Registe	red Ap	gent signatu	ire require	d when r	einstating	1)			DATE	10			
12.			OFFICERS A					13	i.			Al	DITIO	NS/CHAI	NGES TO	OFF10	CERS AN	D DIRE	CTOR	S IN 12	
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STREET ADDRESS	ss 1929 BYRAM DR.								1.3 STREET ADDRESS												
CITY-ST-ZIP	CLEARY	NATE	R FL 34618					1.4	CITY-	ST-ZIP	1										
TITLE	VP						DELETE	2.1	TITLE									Cr	ange	Ad	dition
NAME	BONNE	R, CH	IARLES GLEN					2.2	NAME												
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NAME	CUNNIN	IGHAI	M, JASON D					3.2	NAME												
STREET ADDRESS	12622 N	<b>JEMO</b>	RIAL HIGHWAY	Y				3.3	STREE	T ADDRESS	;										
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14. I 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.

5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME

**6.3 STREET ADDRESS** 

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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EUGENE CSANK JI

2/5/18

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