

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000049759

1. Corporation Name
GOLDEN BYRD SALES INC.

Principal Place of Business
756 LAKE JESSIE DR.
WINTER HAVEN FL 33881

Mailing Address
756 LAKE JESSIE DR.
WINTER HAVEN FL 33881

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90016 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

59-3516986

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 MT DORA, FL

Suite, Apt. #, etc.

22 City & State

23 MT DORA, FL

Zip

24 32757

County

25 LAKE/USA

2a. Mailing Address

26 PO BOX 854

Suite, Apt. #, etc.

27 City & State

28 MT DORA, FL

Zip

29 32757

Country

30 LAKE/USA

9. Name and Address of Current Registered Agent

BYRD, DAVID L.
756 LAKE JESSIE DR.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name DAVID L. BYRD

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

428 N. DONNELLY ST.

SUITE#1

84 City MT DORA

FL

85 Zip Code

32757

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME DAVID L. BYRD
STREET ADDRESS 756 LAKE JESSIE DR
CITY-ST-ZIP WINTER HAVEN, FL, 33881

TITLE V. PRESIDENT ☐ DELETE
NAME JOHN W. BYRD
STREET ADDRESS 520 PEPPERIDGE RD
CITY-ST-ZIP LEWISVILLE, N.C., 27023

TITLE V. PRESIDENT ☒ DELETE
NAME STAN BATCHELOR
STREET ADDRESS 8318 DUNDEE TERR
CITY-ST-ZIP MIAMI LAKES, FL, 33016

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME DAVID L. BYRD
1.3 STREET ADDRESS 428 N. DONNELLY ST/SUITE #1
1.4 CITY-ST-ZIP MT DORA, FL, 32757

2.1 TITLE V. PRESIDENT ☐ Change ☐ Addition
2.2 NAME JOHN W. BYRD
2.3 STREET ADDRESS 520 PEPPERIDGE RD
2.4 CITY-ST-ZIP LEWISVILLE, N.C., 27023

3.1 TITLE V. PRESIDENT ☒ Change ☐ Addition
3.2 NAME JOY WEGLEWSKI
3.3 STREET ADDRESS 12391 N. MUSKET RD
3.4 CITY-ST-ZIP MARANA, AZ, 85653

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 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 2 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 800-577-0179

CR2E034 (11/98)