

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V21158** (3)

1. Corporation Name

**EDWARD T. BYRD & COMPANY**

APPROVED  
AND  
FILED

95 APR 25 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

200 SOUTH ORANGE AVE  
2210  
ORLANDO FL 32810 32801  
US

PO BOX 2391  
ORLANDO FL 32802-2391  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/12/1992**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number: **59-3110305**  
Applied For:  Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLA INC.**  
**300 NORTH ORANGE AVE**  
**SUITE 1100**  
**ORLANDO FL 32810**

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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DPT</b>
NAME	<b>BYRD, EDWARD T.</b>
STREET ADDRESS	<b>200 SOUTH ORANGE AVE, STE 2210</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>VP</b>
NAME	<b>BYERS, THOMAS A.</b>
STREET ADDRESS	<b>200 SOUTH ORANGE AVENUE, STE 2210</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>AVPS</b>
NAME	<b>SOUTHARD, JUDITH A.</b>
STREET ADDRESS	<b>200 SOUTH ORANGE AVE, STE 2210</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>V</b>
NAME	<b>CHAMBERLIN, JANIS A.</b>
STREET ADDRESS	<b>200 SOUTH ORANGE AVE, STE 2210</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<b>32801</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<b>32801</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<b>32801</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<b>32801</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 registered agent 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 as an attachment with an address.

SIGNATURE:

*(Signature)*  
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**4/21/95** (407) 426-8868  
Date (Typed Name)