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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90044 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V21158

1. Corporation Name
EDWARD T. BYRD & COMPANY



Principal Place of Business
 200 SOUTH ORANGE AVE
 2210
 ORLANDO FL 32801
 US

Mailing Address
 PO BOX 2391
 ORLANDO FL 32802-2391
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
Suite #2120
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
03/12/1992

4. FEI Number
59-3110305

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

9. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLA INC.
390 NORTH ORANGE AVE
SUITE 1100
ORLANDO FL 32810

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> DELETE
NAME	BYRD, EDWARD T.
STREET ADDRESS	200 SOUTH ORANGE AVE, STE 2210
CITY-ST-ZIP	ORLANDO FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BYERS, THOMAS A.
STREET ADDRESS	200 SOUTH ORANGE AVENUE, STE 2210
CITY-ST-ZIP	ORLANDO FL
TITLE	AVPS <input type="checkbox"/> DELETE
NAME	SOUTHARD, JUDITH A.
STREET ADDRESS	200 SOUTH ORANGE AVE, STE 2210
CITY-ST-ZIP	ORLANDO FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	NOONAN, JOHN P
STREET ADDRESS	200 SOUTH ORANGE AVE., STE. 2210
CITY-ST-ZIP	ORLANDO FL
TITLE	EVP <input type="checkbox"/> DELETE
NAME	DAVID J PATTEN
STREET ADDRESS	200 SOUTH ORANGE AVENUE, SUITE 2210
CITY-ST-ZIP	ORLANDO FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	Ford, Ronald N.
STREET ADDRESS	200 S. Orange Ave. Suite 2120
CITY-ST-ZIP	Orlando, FL 32801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200 South Orange Ave. Suite 2120
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	200 S. Orange Avenue Suite 2120
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EASTON, Judith H.
3.3 STREET ADDRESS	200 S. Orange Ave. Suite 2120
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200 S. Orange Ave. Suite 2120
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward T. Byrd, President** 4/19/99 407.426.8868
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)