SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:41

DOCUMENT # **V55715** **(9)**

1. Corporation Name
JOHN D. BYRNES CORPORATION

Principal Place of Business
~~P.O. BOX 2910~~
WINTER PARK FL 32790

Mailing Address
~~P.O. BOX 2910~~
WINTER PARK FL 32790

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 06/06/1992
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21 P.O. Box 2395
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25

2a. Mailing Address
26 P.O. Box 2395
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-3139028
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 has elected to be taxable for the purposes of Section 1361(b) Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CLARK, SCOTT D
369 N. NEW YORK AVE.
WINTER PARK FL 32789

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 607.0505, 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. Hereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Address
PST	BYRNES, JOHN D	P.O. BOX 2910 N/A WINTER PARK FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Address	
		P.O Box 2395 NA	X Change ☐ Add/Del
			☐ Change ☐ Add/Del
			☐ Change ☐ Add/Del
			☐ Change ☐ Add/Del
			☐ Change ☐ Add/Del
			☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this filing, or attached hereto, is accurate and complete, to the extent required by Section 607.0502, Florida Statutes. I further certify that the registered agent named in the annual report or supplemental annual report is familiar with and accepts the duties and obligations of Section 607.0505, Florida Statutes, and that my signature shall serve as the written acceptance of the appointment as registered agent and acceptance of the duties and obligations imposed on such officer or director of the corporation pursuant to such officer's or director's authority under the laws of Florida, and that my name appears in Block 12 or Block 13 of this document with an office address.

SIGNATURE: _____ 6/24/95 407-628-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (3/95)

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