1/2

2001	UNIFORM BUS	INESS REPO	AT (L	JBR)	1/2 :		TILED		
DOCUMENT # 393388 1. Entity Name F.A. BOYD AND SONS, INC.					Feb 09, 2001 8:00 at Secretary of State 01-23-2001 90055 033 ***150.00				
Principal Place of Business RT 2 BOX 92 GREENVILLE FL 32331		Mailing Address RT 2 BOX 92 GREENVILLE FL 32331							
2. Principal P	Place of Business	3. Mailing Address		*					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4	l. FEI Number	59-1372278	 i	Applied For Not Applicable	
Zip	Country	Zip	Country		. Certificate of		□ \$8.75 A Fee Requi		
	6. Name and Address of Curren	Registered Agent	N	lame ~	. Name and Ac	idress of New Regla	stered Agent	-	
BRYANT, FREDERICK M 306 E COLLEGE AVE			s	Street Address (P.O. Box Number is Not Acceptable)					
TALL	LAHASSEE FL 32302		C	ity			FL Zip Co	ode	
6. The above	named entity submits this statement f	or the purpose of changing its	s registered o	flice or registered	agent, or both,	n the State of Florida		·	ŀ
SIGNATURE	Signeture, typed or printed name of registered agen	a and title if applicable. (\$40)	TE: Registered Age	ant signature required whi	Premotating)		DATE	·	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW AGE MAY 1, 2 Make Check Paya		Lbo-\$550.00	- 1	on Campaign Financi Fund Contribution.		.00 May Be ed to Fees	
11.	OFFICERS AND		12.		ADDITIONS/CH	ANGES TO OFFICER			6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GEORGE W 240 WEST WASHINGTON ST MONTICELLO FL	☐ Delete	TITLE NAME STREET AD CITY-ST-2	lt .			☐ Change	e	R2E034 (10/00)
TITLE NAME STREET ADDRESS	T BOYD, STEPHANIE RT 2 BOX 33	☐ Delete	TITLE NAME STREET AD			,	Change	: Addition	CR2
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MONTICELLO FL -D JOHN M. FINLAYSON ROUTE 2, BOX 92	Delete Delete	CITY-ST-				☐ Change	Addition	
CITY-ST-ZIP	GREENVILLE FL	☐ Delete	CITY-ST-	ZIP .	•		Change	Addition	:
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET AD CITY-ST-	1			, 		:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AE CITY-ST-				Change	e ∏ Addition	 .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ACC				☐ Change	e	
indicated of the co	certify that the information supplied will don this report or supplemental report provided on the receiver of trustee employer or on an attachment with an address,	is true and accurate and that powered to execute this repor	my signature t as required l	shall have the san	ne legal eltect a	s il made under cain:	: that I am an cilic	er or alrector i	2
U:GITAI	SIGNATURE AND TOPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		/	Date	Daytime Phone	,	l