

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 3: 25

DOCUMENT # 174837 (5)

1. Corporation Name
BRY-TUR, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1014 W FAIRBANKS AVENUE PO BOX 1376 WINTER PARK FL 32789 US		Mailing Address 1014 W FAIRBANKS AVENUE PO BOX 1376 WINTER PARK FL 32789		3. Date Incorporated or Qualified 08/11/1953	3a. Date of Last Report 02/11/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-0702303		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRYSON, HAZEL M. 426 LANGHOLM DR WINTER PARK FL 32789				10. Name and Address of New Registered Agent			
				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5 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 re-elected)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, J V	1.2 NAME	
STREET ADDRESS	1750 HURON TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL. 00000	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON, HAZEL M	2.2 NAME	
STREET ADDRESS	1014 W FAIRBANKS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL. 00000	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, BETSY B.	3.2 NAME	
STREET ADDRESS	1014 W FAIRBANKS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL. 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNBULL, NAT M	4.2 NAME	
STREET ADDRESS	1014 W FAIRBANKS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL. 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: Hazel M. Bryson Hazel M. Bryson, Pres. 2-3-95 (407)-647-7743