

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000024183 (4)**

1. Corporation Name  
**ERIC C. BRYSON, INC.**



Principal Place of Business Mailing Address  
**11339 SAWMILL ROAD JACKSONVILLE FL 32225**

2. Principal Place of Business  
21 **310 OCEAN FOREST DR. N.**  
22 Suite, Apt. #, etc.  
23 **ATLANTIC BEACH FL**  
24 **32233** 25 **USA**  
2a. Mailing Address  
26 **310 OCEAN FOREST DR. N.**  
27 Suite, Apt. #, etc.  
28 **ATLANTIC BEACH, FL**  
29 **32233** 30 **USA**

3. Date Incorporated or Qualified **03/29/1993**  
4. FEI Number **59-3178379**  
5. Certificate of Status Desired   
6. Election Campaign Financing Trust Fund Contribution   
7. This corporation has ability for intangible tax under s. 199.032, Florida Statutes.  Yes  No  
3a. Date of Last Report **04/24/1995**  
Applied For Not Applicable  
**\$8.75 Additional Fee Required**  
**\$5.00 May Be Added to Fees**  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**BRYSON, ERIC C  
11339 SAWMILL ROAD  
JACKSONVILLE FL 32225**

81 Name **BRYSON, ERIC C.**  
82 Street Address (P.O. Box Number is Not Acceptable) **310 OCEAN FOREST DR. N.**  
83  
84 City **ATLANTIC BEACH** 85 Zip Code **FL 32233**

11. Pursuant to the provisions of Sections 607.0602 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 provisions of Section 607.0509, Florida Statutes.

SIGNATURE *Eric C. Bryson* **ERIC C. BRYSON** 3/18/96

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYSON, ERIC C</b>	
STREET ADDRESS	<b>1139 SAWMILL RD</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYSON, MARY E K.</b>	
STREET ADDRESS	<b>11339 SAWMILL RD</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>310 OCEAN FOREST DR. N.</b>
14 CITY- ST- ZIP	<b>ATLANTIC BEACH, FL 32233</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>310 OCEAN FOREST DR. N.</b>
24 CITY- ST- ZIP	<b>ATLANTIC BEACH, FL 32233</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input 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 on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *Eric C. Bryson* 3/28/96 904-241-6239  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)