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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000024183 (4) **DOCUMENT #**

ERIC C. BRYSON, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 310 OCEAN FOREST DR. N 310 OCEAN FOREST DR. N ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233-5961 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1993 04/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3178379 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution 23 28 Added to Fees Žip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRYSON, ERIC C 310 OCEAN FOREST DR. N Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BEACH FL 32233 83 84 City 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 Sign time, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE BRYSON, ERIC C NAME 1.2 NAME 310 OCEAN FOREST DRIVE, N 1.3 STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP ST DELETE Change Addition 2.1 TITLE TITLE BRYSON, MARY E K 2.2 NAME NAME 310 OCEAN FOREST DRIVE, N STREET ADDRESS 2.3 STREET ADDRESS ATLANTIC BEACH FL 2.4 CITY-ST-ZIP CITY - ST - Z(P DELETE 31 TITLE Change Addition 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY - \$1 - ZiP DELETE Change Addition 41 TITLE THLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7 P 5.4 City-St-ZiP DELETE Addition Change THE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

appears in Block 12 or Block 13 if changed, or on an attachment with an address.