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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 JAN 29 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 277226 (?)

1. Corporation Name

ARNOLD-BRYANT, INC.

Principal Place of Business	Mailing Address
9500 Koger Blvd #207 St Petersburg FL 33702 USA	same

3. Date Incorporated or Qualified: 01/07/1964
3a. Date of Last Report: 01/20/1995

4. FEI Number: 59-1160935 (Applied For / Not Applicable)

5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 9500 Koger Blvd	26 9500 Koger Blvd
Suite, Apt. # etc. 22 Suite 207	Suite, Apt. # etc. 27 Suite 207
City & State 23 St Petersburg FL	City & State 28 St Petersburg FL
Zip / Country 24 33702 / 25	Zip / Country 29 33702 / 30 USA

9. Name and Address of Current Registered Agent

Arnold, J Noble
462[5] East Bay Drive Suite 309
Clearwater FL 34624

Change of Address ONLY

10. Name and Address of New Registered Agent

81 Name: J NOBLE ARNOLD
82 Street Address (P.O. Box Number is Not Acceptable): ~~9500 KOGER BLVD SUITE 207~~
83
84 City: ST PETERSBURG FL 85 Zip Code: 33702

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 officer or director) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	Arnold, J Noble	1.2 NAME	
STREET ADDRESS	9500 Koger Blvd #207	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~St Petersburg FL 33702~~	1.4 CITY-ST-ZIP	
TITLE	ST [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	Arnold, J Noble	2.2 NAME	
STREET ADDRESS	9500 Koger Blvd #207	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~St Petersburg FL 33702~~	2.4 CITY-ST-ZIP	
TITLE	VP [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	Harrison, John E	3.2 NAME	
STREET ADDRESS	9500 Koger Blvd #207	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~St Petersburg FL 33702~~	3.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	Bryant, William J	4.2 NAME	100001700541
STREET ADDRESS	6475 1st Ave North	4.3 STREET ADDRESS	-01/29/96--01080--001
CITY-ST-ZIP	St Petersburg FL 33702	4.4 CITY-ST-ZIP	****208.75 ****208.75
TITLE	D [ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	Arnold, Nancy D.	5.2 NAME	
STREET ADDRESS	9500 Koger Blvd #207	5.3 STREET ADDRESS	
CITY-ST-ZIP	St Petersburg FL 33702	5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SP
CWA

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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 119.07(3)(k), 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: X J Noble Arnold Pres/Director 1/22/96 813 576 0511
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)