


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 277226 (7)			
1. Corporation Name ARNOLD - BRYANT, INC.			
Principal Place of Business 9500 KOGER BLVD., SUITE 207 ST. PETERSBURG FL 33702 US		Mailing Address 9500 KOGER BLVD., SUITE 207 ST. PETERSBURG FL 33702-9883 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ARNOLD, J NOBLE 9500 KOGER BLVD., SUITE 207 ST. PETERSBURG FL 33702		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PSTD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ARNOLD, J NOBLE E	1.1 TITLE	XX Change <input type="checkbox"/> Addition
STREET ADDRESS	9500 KOGER BLVD. #207	1.2 NAME	Arnold, J. Noble
CITY - ST - ZIP	ST PETERSBURG FL 33702	1.3 STREET ADDRESS	
TITLE	V	1.4 CITY - ST - ZIP	
NAME	HARRISON, JOHN E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9500 KOGER BLVD. #207	2.2 NAME	
CITY - ST - ZIP	ST PETERSBURG FL 33702	2.3 STREET ADDRESS	
TITLE	D	2.4 CITY - ST - ZIP	
NAME	BRYANT, WILLIAM J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6475 1ST AVE. NORTH	3.2 NAME	
CITY - ST - ZIP	ST PETERSBURG FL 33702	3.3 STREET ADDRESS	
TITLE	D	3.4 CITY - ST - ZIP	
NAME	ARNOLD, NANCY D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9500 KOGER BLVD. #207	4.2 NAME	
CITY - ST - ZIP	ST PETERSBURG FL 33702	4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 affidavit.			
SIGNATURE: _____		2-25-97 (813) 576-0511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)