FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:23

DOCUMENT # 381374 (8)

1. Corporation Name
BRYAN INSPECTION AGENCY, INC.

Principal Place of Business	Mailing Address
FT. GATES FERRY ROAD ROUTE 2 BOX 1352 FT. MCCOY FL 32134	FT. GATES FERRY ROAD ROUTE 2 BOX 1352 FT. MCCOY FL 32134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1971
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1349456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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

9. Name and Address of Current Registered Agent

BRYAN,JOHN N
FT. GATES FERRY ROAD
ROUTE 2 BOX 1352
FT. MCCOY FL 32134

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN,JOHN N	1.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 1352	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN JOHN N	2.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 1352	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY FL	2.4 CITY-ST-ZIP	
TITLE	SVD	3.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, DOROTHY J.	3.2 NAME	
STREET ADDRESS	RT 2 BOX 1352 NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, WILLIAM EDWARD	4.2 NAME	
STREET ADDRESS	5920 FLOYD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BRANCH, ETHRIDGE S	5.2 NAME	
STREET ADDRESS	BOX 400 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPARKS GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 address.

SIGNATURE: Dorothy J. Bryan 1-27-95 (904)467-2962
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Dorothy J. Bryan, Vice President

0403648 FP