

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

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 381374 (8)

1. Corporation Name
BRYAN INSPECTION AGENCY, INC.



Principal Place of Business FT. GATES FERRY ROAD ROUTE 2 BOX 1352 FT. MCCOY FL 32134	Mailing Address FT. GATES FERRY ROAD ROUTE 2 BOX 1352 FT. MCCOY FL 32134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2805 Reid St. Upper Rear	2a. Mailing Address 26 Rt 2 Box 1352
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Palatka, Fla	City & State 28 ft. McCoy, Fla
Zip 24	Country 30 FLORIDA
County 25 Putnam	Zip 29 32134

3. Date Incorporated or Qualified 04/30/1971	
4. FEI Number 59-1349456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 Dorothy J. Bryan (NOTE: Registered Agent signature required when reinstating) DATE 4/15/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRYAN, DOROTHY J.	
STREET ADDRESS	RT 2, BOX 1352	
CITY-ST-ZIP	FT. MCCOY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRYAN, DOROTHY J.	
STREET ADDRESS	ROUTE 2 BOX 1352	
CITY-ST-ZIP	FT. MCCOY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRANCH, ETHRIDGE S.	
STREET ADDRESS	BOX 400	
CITY-ST-ZIP	SPARKS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYAN, WILLIAM EDWARD	
STREET ADDRESS	6920 FLOYD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANCH, ETHRIDGE S	
STREET ADDRESS	BOX 400 NA	
CITY-ST-ZIP	SPARKS GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 address.

Dorothy J. Bryan **730-80 (901) 41-77967**

CR2E034 (10/97)