

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90099 017 ***150.00

DOCUMENT # 381374

1. Corporation Name

BRYAN INSPECTION AGENCY, INC.

Principal Place of Business

28050 REID ST. UPPER REAR
PALATKA FL 32134
US

Mailing Address

ROUTE 2, BOX 1352
FT. MCCOY FL 32134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1971

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 108 NATL Forest Rd 43

2a. Mailing Address

26 108 NATL Forest Rd 43

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. McCoy Fla

City & State

28 Ft. McCoy Ha

Zip

24 32134

Country

25 Putnam

Zip

29 32134

Country

30 Putnam

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BRYAN, DOROTHY J.

STREET ADDRESS RT 2, BOX 1352

CITY-ST-ZIP FT. MCCOY FL

TITLE T ☐ DELETE

NAME BRYAN, DOROTHY J.

STREET ADDRESS ROUTE 2 BOX 1352

CITY-ST-ZIP FT. MCCOY FL

TITLE S ☐ DELETE

NAME BRANCH, ETHRIDGE S.

STREET ADDRESS BOX 400

CITY-ST-ZIP SPARKS GA

TITLE D ☐ DELETE

NAME BRYAN, WILLIAM EDWARD

STREET ADDRESS 5920 FLOYD DRIVE

CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME BRANCH, ETHRIDGE S

STREET ADDRESS BOX 400 NA

CITY-ST-ZIP SPARKS GA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

DOROTHY J. BRYAN

3-20-99

Date

Daytime Phone #

404 467 2962

CR2E034 (11/98)