

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 405908

(5)

1. Corporation Name

BRYANT ENTERPRISES, INC

Principal Place of Business

Mailing Address

2800 ORANGE STREET
MARIANNA FL 32447

P.O. BOX 1587
MARIANNA FL 32446

FILED

96 NOV 26 AM 9:53

SECRETARY OF STATE

REINSTATEMENT

Date of Last Report

07/28/1972

12/22/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

25

59-1425248

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$3.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYANT, ELMORE
2814 ORANGE ST.
MARIANNA FL 32446

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

Elmore Bryant

Elmore Bryant

11-18-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
BRYANT, ELMORE
2814 ORANGE ST.
MARIANNA FL 32446

DELETE

1.1 TITLE

200002019082 L-3

NAME

BRYANT, ELMORE

1.2 NAME

-12/04/96--01036--009

STREET ADDRESS

2814 ORANGE ST.

1.3 STREET ADDRESS

***375.00 ***375.00

CITY - ST - ZIP

MARIANNA FL 32446

1.4 CITY - ST - ZIP

TITLE

V

DELETE

2.1 TITLE

Change Addition

NAME

BRYANT, PAUL A.

2.2 NAME

STREET ADDRESS

2814 ORANGE ST.

2.3 STREET ADDRESS

CITY - ST - ZIP

MARIANNA FL 32446

2.4 CITY - ST - ZIP

TITLE

S

DELETE

3.1 TITLE

Change Addition

NAME

BRYANT, EULICE J.

3.2 NAME

STREET ADDRESS

2814 ORANGE ST.

3.3 STREET ADDRESS

CITY - ST - ZIP

MARIANNA FL 32446

3.4 CITY - ST - ZIP

TITLE

T

DELETE

4.1 TITLE

Change Addition

NAME

BRYANT, WAYNE L.

4.2 NAME

STREET ADDRESS

2814 ORANGE ST.

4.3 STREET ADDRESS

CITY - ST - ZIP

MARIANNA FL 32446

4.4 CITY - ST - ZIP

TITLE

DELETE

5.1 TITLE

Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

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

TITLE

DELETE

6.5 TITLE

Change Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY - ST - ZIP

6.8 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elmore Bryant

11-18-96

704-4823523

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2004 (3/96)