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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)WALTER H. BRYAN, INC. Principal Place of Business Mailing Address 6907 STUART LANE SOUTH P.O. BOX 6772 JACKSONVILLE FL 32205 JACKSONVILLE FL 32254 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/05/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1428186 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRYAN, WALTER H., JR. 6807 STUART LANE SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 83 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE vstd DELETE 1.1 TITLE Change Addition BRYAN, WALTER H., JR. NAME 1,2 NAME 6807 STUART LANE SOUTH STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 GITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS City - ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and that my officer or director of the corporation or the receiver or trustee empowered to execute this report.

officer or director of the corporation or the receiver or Block 12 or Block 13 if changed, or on an attachment

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIF

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

781-0161

etated in Section 119.07(3)(i), Flórida Statutes. I further certify that the information of signature shall have the same legal effect as if made under oath; that I am an off as required by Chapter 607, Florida Statutes; and that my name appears in

1/15/98

Change

Addition

CH2E034