

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
BRYAN & HOLTON, INC.

Principal Place of Business	Mailing Address
5600 PARK BOULEVARD PINELLAS PARK FLORIDA 34665	5600 PARK BOULEVARD PINELLAS PARK FLORIDA 34665

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

HOLTON, JAMES BRYAN
3052 7TH AVE N
ST PETERSBURG, 33713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab-
 or registered agent, or both, in the State of Florida. Such change was authorized by the
 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Register Signature, typed or printed name of registered agent and title if applicable)

12.	OFFICERS AND DIRECTORS	13.
TITLE	PD <input type="checkbox"/> DELETE	1.1
NAME	HOLTON, JAMES BRYAN	12
STREET ADDRESS	3052 7TH AVE N	13
CITY - ST - ZIP	ST PETERSBURG FL	14
TITLE	<input type="checkbox"/> DELETE	2.1
NAME		22
STREET ADDRESS		23
CITY - ST - ZIP		24
TITLE	<input type="checkbox"/> DELETE	3
NAME		32
STREET ADDRESS		33
CITY - ST - ZIP		34
TITLE	<input type="checkbox"/> DELETE	4
NAME		42
STREET ADDRESS		43
CITY - ST - ZIP		44
TITLE	<input type="checkbox"/> DELETE	5
NAME		52
STREET ADDRESS		53
CITY - ST - ZIP		54
TITLE	<input type="checkbox"/> DELETE	6
NAME		62
STREET ADDRESS		63
CITY - ST - ZIP		64

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified 12/30/1974	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1262794	<input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

I, _____, as registered agent of the above-named corporation submits this statement for the purpose of changing its registered office or corporation's board of directors. I hereby accept the appointment as registered agent. I am

Agent Signature required when reissuing		DATE
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
FILE NAME HOME ADDRESS Y - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME HOME ADDRESS Y - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME HOME ADDRESS Y - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME HOME ADDRESS Y - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME HOME ADDRESS Y - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME HOME ADDRESS Y - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME HOME ADDRESS Y - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME HOME ADDRESS Y - ST - ZIP	9000001745380 <input type="checkbox"/> Change <input type="checkbox"/> Addition -03/15/96--01109--011 ***200.00	

CR2E034 (12/95)

3-14-96