

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 466880 (2)**

1. Corporation Name  
**BRYAN & HOLTON, INC.**

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



2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

3. Date Incorporated or Qualified: **12/30/1974**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1262794**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HOLTON, JAMES BRYAN  
3052 7TH AVE N  
ST PETERSBURG, 33713**

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: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13.
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE
NAME	HOLTON, JAMES BRYAN	2. NAME
STREET ADDRESS	3052 7TH AVE N	3. STREET ADDRESS
CITY-ST-ZIP	ST PETERSBURG FL	4. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5. TITLE
NAME		6. NAME
STREET ADDRESS		7. STREET ADDRESS
CITY-ST-ZIP		8. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	9. TITLE
NAME		10. NAME
STREET ADDRESS		11. STREET ADDRESS
CITY-ST-ZIP		12. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	13. TITLE
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY-ST-ZIP		16. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Bryan Holton* Date: **2-15-96** (813) 544-6888  
900001745380  
-03/15/96--01109--011  
\*\*\*200.00

CR2E034 (12/95)

pm 3-14-96