FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **511331** **(1)**

1. Corporation Name

BRYAN AUTOMOTIVE GROUP, INC.

Principal Place of Business

% PAMELA O PRICE
201 E PINE ST. SUITE 1200
ORLANDO FL 32801
US

Mailing Address

% PAMELA O PRICE
201 E PINE ST. SUITE 1200
ORLANDO FL 32801
US

3. Date Incorporated or Qualified: **08/26/1976**

3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1724869** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRICE, PAMELA O.
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801-9798

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 Section 607.0501 or 617.1803, 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 (Required if this is a change of registered agent.) Typed or Printed Name of New Registered Agent (Required if this is a change of registered agent.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TYPE	DST	☐ DELETE	1 TYPE		☐ Change ☐ Addition
NAME	MASON, BETTY		2 NAME		
STREET ADDRESS	254 DRIGGS DR.		3 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL		4 CITY ST ZIP		
TYPE	DP	☐ DELETE	1 TYPE		☐ Change ☐ Addition
NAME	BRYAN, JAMES B III		2 NAME		
STREET ADDRESS	254 DRIGGS DR.		3 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL		4 CITY ST ZIP		
TYPE	DV	☐ DELETE	1 TYPE		☐ Change ☐ Addition
NAME	SCHMIDT, CHERYL		2 NAME		
STREET ADDRESS	254 DRIGGS DRIVE		3 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL		4 CITY ST ZIP		
TYPE	DV	☐ DELETE	1 TYPE		☐ Change ☐ Addition
NAME	JOHNSON, KENNETH W		2 NAME		
STREET ADDRESS	254 DRIGGS DRIVE		3 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL		4 CITY ST ZIP		
TYPE	DV	☒ DELETE	1 TYPE		☐ Change ☐ Addition
NAME	LANGAN, ED		2 NAME		
STREET ADDRESS	254 DRIGGS DR		3 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL		4 CITY ST ZIP		
TYPE		☐ DELETE	1 TYPE		☐ Change ☐ Addition
NAME			2 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY ST ZIP			4 CITY ST ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, that this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-20-96

Daytime Phone #: 407-678-6000

Pat Y. Mason