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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32801-2725
US

3. Date Incorporated or Qualified

08/26/1976

3a. Date of Last Report

02/27/1996

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DST
MASON, BETTY
STREET ADDRESS
254 DRIGGS DR.
CITY - ST - ZIP
WINTER PARK FL

TITLE ☐ DELETE

NAME
DP
BRYAN, JAMES B III
STREET ADDRESS
254 DRIGGS DR.
CITY - ST - ZIP
WINTER PARK FL

TITLE ☐ DELETE

NAME
DV
SCHMIDT, CHERYL
STREET ADDRESS
254 DRIGGS DRIVE
CITY - ST - ZIP
WINTER PARK FL

TITLE ☒ DELETE

NAME
DV
JOHNSON, KENNETH W
STREET ADDRESS
254 DRIGGS DRIVE
CITY - ST - ZIP
WINTER PARK FL

TITLE ☒ DELETE

NAME
DV
LANGAN, ED
STREET ADDRESS
254 DRIGGS DR
CITY - ST - ZIP
WINTER PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME
DVST
MASON, BETTY
STREET ADDRESS
254 DRIGGS DR.
CITY - ST - ZIP
WINTER PARK, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: *B. Mason* **BETTY MASON, SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 407-678-6000
Date Daytime Phone

CR2E034 (9/96)