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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra S. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **561817** (8)

1. Corporation Name

**BRYANT RACING EQUIPMENT, INC.**

Principal Place of Business

**1900 HIGHWAY 87  
NAVARRE FL 32566**

Mailing Address

**1900 HIGHWAY 87  
NAVARRE FL 32566**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRYANT, BILLY G  
1900 HWY 87  
NAVARRE FL 32566**

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 607.0602 and 607.1504, Florida Statutes, the above named corporation hereby certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was a change of the corporation's place of business, and it is not a change of the corporation's principal place of business. The corporation hereby accepts the appointment as registered agent. I am

SIGNATURE

12. OFFICERS AND DIRECTORS

12

1. TITLE

VD [ ] OFFICE

2. NAME

**BRYANT, RICHARD G**

3. STREET ADDRESS

**P.O. BOX 478 N/A 87.23 Enterprise St  
MARY ESTHER FL 7166 N/A, 32566**

4. CITY-STATE-ZIP

5. TITLE

VD [ ] OFFICE

6. NAME

**BRYANT, TIMOTHY R**

7. STREET ADDRESS

**23 SOLAR ST.**

8. CITY-STATE-ZIP

**MARY ESTHER FL 32569**

9. TITLE

PD [ ] OFFICE

10. NAME

**BRYANT, BILLY G**

11. STREET ADDRESS

**7991 NEWPORT ST.**

12. CITY-STATE-ZIP

**NAVARRE FL**

13. TITLE

SD [ ] OFFICE

14. NAME

**BRYANT, VIRGINIA F**

15. STREET ADDRESS

**7991 NEWPORT ST.**

16. CITY-STATE-ZIP

**NAVARRE FL**

17. TITLE

VD [ ] OFFICE

18. NAME

**BRYANT, RANDY L**

19. STREET ADDRESS

**RT 1 BOX 9288 QUAIL ROOST DR**

20. CITY-STATE-ZIP

**NAVARRE FL**

21. TITLE

[ ] OFFICE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

[ ] Change [ ] Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

[ ] Change [ ] Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

[ ] Change [ ] Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

[ ] Change [ ] Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

[ ] Change [ ] Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

[ ] Change [ ] Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

[ ] Change [ ] Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(g), Florida Statutes. Further, I 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 trustee 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

**TIM R. BRYANT** 3/12/96 (904) 939-3850

CR2E034 (12/95)