SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **629065** **(4)**

1. Corporation Name
BRYANT AUTO SERVICE, INC.

Principal Place of Business	Mailing Address
1106 4TH AVE SOUTH LAKE WORTH FL 33460	1106 4TH AVE SOUTH LAKE WORTH FL 33460

3. Date Incorporated or Qualified: **07/09/1979**
3a. Date of Last Report: **02/02/1995**

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: **59-1913549** ☐ 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. 199.042, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRYANT, ALBION R
1106 4TH AVE SOUTH
LAKE WORTH FL

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, ALBION R		1.2 NAME		
STREET ADDRESS	3450 S OCEAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, STELLA K		2.2 NAME		
STREET ADDRESS	3450 S OCEAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 00000		2.4 CITY-ST-ZIP		
TITLE	PST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KESTNER, ANN K.		3.2 NAME		
STREET ADDRESS	314 N LAKESIDE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	MV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KESTNER, MICHAEL S.		4.2 NAME		
STREET ADDRESS	314 N LAKESIDE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann K. Kestner — 6-29-96 — 407-588-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #