FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:24

DOCUMENT # 673220 (0)

1. Corporation Name
BRYAN'S AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
1400 AVENUE E C/O EUGENE BYRAN RIVIERA BEACH FL 33404	1400 AVENUE E C/O EUGENE BYRAN RIVIERA BEACH FL 33404 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1980
3a. Date of Last Report: 03/01/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2004862 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRYAN, WILLIAM C
1400 AVENUE EAST
RIVIERA BEACH FL 33404

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 _____
(Signature of newly appointed registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	BRYAN, EUGENE	12 NAME		
STREET ADDRESS	8055 DAMASCUS DR	13 STREET ADDRESS	DECEASED	
CITY ST ZIP	LAKE PARK, FL 00000	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	BRYAN, EUGENE, JR	22 NAME		
STREET ADDRESS	8559 DAMASCUS DR	23 STREET ADDRESS		
CITY ST ZIP	LAKE PARK, FL 00000	24 CITY ST ZIP		
TITLE	STD	31 TITLE	VD	X ☐ Change ☐ Addition
NAME	BRYAN, WILLIAM	32 NAME		
STREET ADDRESS	101 BRYN MAWR DR	33 STREET ADDRESS		
CITY ST ZIP	LAKE WORTH FL	34 CITY ST ZIP		
TITLE		41 TITLE	STD	☐ Change X Addition
NAME		42 NAME	MARY RUTH BRYAN	
STREET ADDRESS		43 STREET ADDRESS	263 KELSEY PARK CIRCLE	
CITY ST ZIP		44 CITY ST ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I, the undersigned, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: William C. Bryan William C. Bryan 3/22/95 (407)848-0200
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

0244022 CP