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 JAN 13 AM 10:05

DOCUMENT # **684953** **(3)**

1. Corporation Name
BRYAN, LTD., INC.

Principal Place of Business
5001-B NW 34 ST.
GAINESVILLE FL 32605

Mailing Address
5001-B NW 34 ST.
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1980**
3a. Date of Last Report: **08/30/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2029989** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) (29) Country (25) (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, ROGER P.
3224 NW 47 TERRACE
GAINESVILLE FL 32606

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	BRYAN, ROGER P.	12 NAME	
STREET ADDRESS	3224 NW 47 TERRACE	13 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL 32606	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BRYAN, DORA LEE	22 NAME	
STREET ADDRESS	3224 NW TERRACE	23 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL 32606	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BRYAN, ROGER P., JR.	32 NAME	
STREET ADDRESS	3224 NW 47 TERRACE	33 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL 32606	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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 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 report or supplemental 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: Roger P. Bryan **1/10/95** **904-373-4222**
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OR DIRECTION) (Date) (Daytime Phone #)
ROGER P. BRYAN PRESIDENT