

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F22685 (4)

1. Corporation Name

BRYRO, INC.



Principal Place of Business

Mailing Address

33709 LAKESHORE DR
TAVARES FL 32778
US

P O BOX 219
TAVARES FL 32778-219
US

2. Principal Place of Business

21 33709 Lakeshore Drive

Suite, Apt. #, etc.

22

23 City & State
Tavares, FL

Zip

24 32778

Country

25 Lake

2a. Mailing Address

26 Post Office Box 219

Suite, Apt. #, etc.

27

28 City & State
Tavares, FL

Zip

29 32778

Country

30 Lake

3. Date Incorporated or Qualified

03/10/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2074060

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

9. Name and Address of Current Registered Agent

SOTNE, LEWIS W.
4850 N. HEY 19A
MT. DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

Lewis W. Stone

82 Street Address (P.O. Box Number is Not Acceptable)

4850 N. Highway 19A

83

84 City

Mount Dora

FL

85 Zip Code

32757

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 their approver.

(NOTE: Registered Agent's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME GLASS, CORANELLE H
STREET ADDRESS 33709 LAKESHORE DRIVE
CITY-ST-ZIP TAVARES FL

TITLE VP
NAME R. B. Glass
STREET ADDRESS 33709 Lakeshore Drive
CITY-ST-ZIP Tavares, FL 32778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k), 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:

Coranelle H. Glass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Coranelle H. Glass

1/8/96

352/357-3818

DATE

Daytime Phone #

CR2E034 (3/96)