Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Zip Code

FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90166 041 ***150.00

DO NOT WRITE IN THIS SPACE

Election Campaign Financing Trust Fund Contribution

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F98000002996

1. Corporation Name

City & State

23

24

THE BRYAN GROUP USA, INC.

Principal Place of Business	Mailing Address	
1836 NESTLE DR. PENSACOLA FL 32534-9314	1836 Nestle Dr. Pensacola Fl 32534-9314	
		DO NOT WRI
		 Date Incorporated or Qualifed 05/27/1998
2. Principal Place of Business	2a. Mailing Address	4, FEI Number 59-3500
Suite Apt # etc	26 Suite, Apt. #, etc.	3/ /20-

28

City & State

Country Zip Country Zip This corporation owes the current year Intangible ⊡No. Yes 25 30 Personal Property Tax. 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83

City

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applica	the (NOTE: Re	egistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPST	☐ DELETE	1,1 TITLE		☐ Change	Addition
NAME	BRYAN, TERRY L	į	1.2 NAME			
STREET ADDRESS	1836 NESTLE DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32534-9314		1.4 CITY+ST-ZIP			
TITLE ·	CV	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	BRYAN, C. SUSAN		2.2 NAME			
STREET ADDRESS	1836 NESTLE DR.		2.3 STREET ADDRESS		-	٠
CITY-ST-ZIP	PENSACOLA FL 32534-9314		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			'
STREET ADDRESS	,		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			I
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	•	☐ DELETE	5.1 TTLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
πιε		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME	大型 (最高) (1) (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		6.2 NAME			1
STREET ADDRESS		•	6.3 STREET ADDRESS		•	ı
CITY-ST-ZIP	and the second second		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE: