FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (9)BRYANT AND HIGBY, CHARTERED Principal Place of Business Mailing Address % ROWLETT W. BRYANT % ROWLETT W. BRYANT 833 HARRISON AVENUE 833 HARRISON AVENUE DO NOT WRITE IN THIS SPACE PANAMA CITY FL 32401 PANAMA CITY FL 32401 3. Date Incorporated or Qualified 05/06/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 59-2327344 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zìp 8. This corporation owes or has paid the current year Intangible ∑ Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent BRYANT, ROWLETT W. 833 HARRISON AVENUE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1 1 TITLE TITLE BRYANT, ROWLETT W. NAME 1.2 NAME 833 HARRISON AVENUE 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Chance TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP __ DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 of 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 corpoylith or the receiver or trystee amonywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on an attachment with an address.

SIGNATURE:

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6.1 TITLE

6 2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

Addition

DELETE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP