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 APR 13 PM 2:10

DOCUMENT # **J60271** **(0)**

1. Corporation Name
BRYAN S AUTOMOTIVE SERVICE, INC.

Principal Place of Business	Mailing Address
1351 W NELSON AVE DEFUNIAK SPRINGS FL 32433-1433	1351 W NELSON AVE DEFUNIAK SPRINGS FL 32433-1433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/05/1987**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address
21 1133 U.S. Hwy 90 W.	26 1133 U.S. Hwy 90 W.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DeFuniak Springs Fla	City & State 28 DeFuniak Spgs Fla
Zip 24 32433	Zip 29 32433
County 25 Walton	County 30 Walton

4. FEI Number: **59-2812291** ☐ 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

BRYAN, DEWITT
1351 W NELSON AVE
DEFUNIAK, SPRINGS, FL

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, type or print name of 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	D	11 TITLE	☐ Change ☐ Addition
NAME	BRYAN, DEWITT	12 NAME	
STREET ADDRESS	RT. 8, BOX 260	13 STREET ADDRESS	
CITY ST ZIP	DEFUNIAK SPRINGS FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BRYAN, OLIN	22 NAME	
STREET ADDRESS	RT. 4, BOX 120-B	23 STREET ADDRESS	
CITY ST ZIP	DEFUNIAK SPRINGS FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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 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 on an attachment with an address.

SIGNATURE: X Dewitt Bryan Dewitt Bryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95
Date

904-592-7799
Daytime Phone #

003043 CP