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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J63912 (6)

1. Corporation Name

BRYAN ELECTRICAL CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

% ELLENE BRYAN  
P O BOX 129  
NICEVILLE FL 32588-0129

% ELLENE BRYAN  
P O BOX 129  
NICEVILLE FL 32588-0129

2. Principal Place of Business

2a. Mailing Address

21 Columbus Street

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Niceville, FL

28 City & State

24 Zip Country

29 Zip Country

24 32578

25 Okaloosa

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYAN, ELLENE  
COLUMBUS ST  
NICEVILLE FL 32578

81 Name  
Ellene Bryan

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

83 371 Iowa Street

84 City Niceville, FL 85 Zip Code 32578

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, if not applicable, (NOTE: Registered Agent Signature required when reinstating)

(NOTE: Registered Agent Signature required when reinstating)

Feb. 16, 1996

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [ ] DELETE

1.1 TITLE [ ] Change [ ] Addition

NAME BRYAN, GEORGE H.  
STREET ADDRESS 371 IOWA STREET  
CITY-ST-ZIP NICEVILLE FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D [ ] DELETE

2.1 TITLE [ ] Change [ ] Addition

NAME BRYAN, ELLENE A.  
STREET ADDRESS 371 IOWA STREET  
CITY-ST-ZIP NICEVILLE FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE [ ] DELETE

3.1 TITLE [ ] Change [ ] Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE [ ] DELETE

4.1 TITLE [ ] Change [ ] Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE [ ] DELETE

5.1 TITLE [ ] Change [ ] Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE [ ] DELETE

6.1 TITLE [ ] Change [ ] Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

Feb. 16, 1996

Date

(904)678-2774

Daytime Phone

CR2E034 (12/95)