

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P94000048647 (9)**

1. Corporation Name

**RUSSELL BRYAN, INC.**

MAY - 1 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 2250, UMATILLA FL 32784  
Mailing Address: P.O. BOX 2250, UMATILLA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994  
3a. Date of Last Report: [Blank]  
4. FEI Number: 59-3251258  
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

2. Principal Place of Business: 21 [Blank] Suite, Apt. #, etc.: [Blank] City & State: 23 [Blank] Zip: 24 [Blank] Country: 25 [Blank]  
2a. Mailing Address: 26 [Blank] Suite, Apt. #, etc.: 27 [Blank] City & State: 28 [Blank] Zip: 29 [Blank] Country: 30 [Blank]

9. Name and Address of Current Registered Agent  
BRYAN, G. RUSSELL  
243 S. CENTRAL AVE.  
UMATILLA FL 32784

10. Name and Address of Now Registered Agent  
81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank] FL 85 Zip Code: [Blank]

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 of corporation) (REG) (Registered Agent signature required when mandating) (GAI)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRYAN, G. RUSSELL
STREET ADDRESS	243 S. CENTRAL AVE.
CITY - ST - ZIP	UMATILLA FL 32784
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	[ ] Change [ ] Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	[ ] Change [ ] Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	[ ] Change [ ] Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	[ ] Change [ ] Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	[ ] Change [ ] Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	[ ] Change [ ] Addition
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 110.037(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 change or on an attachment with an address.

SIGNATURE: G. Russell Bryan G. Russell Bryan 2/21/95 204-668-2571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR