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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000054625 (6)

J. BRYANT, LTD-INC.

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Paragraph of States

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NAME

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Principal Place of Business Mailing Address 4955 SHARLENE DRIVE POST OFFICE BOX 5721 TITUSVILLE FL 32780 TITUSVILLE FL 32783-5721 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-3255011 21 26 Sulte, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intengible 30 Personal Property Tax due June 30. Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HALL, JAMES J 4955 SHARLENE DR 82 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 83 64 City 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 chango 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 agree and title it applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OELETE 1.1 TITLE Change Addition TITLE HALL, JAMES J NAME 1.2 NAME **CR2E034** 4955 SHARLENE DR STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE COOKE, SHARON H NAME 2.2 NAME 163 DECORDRE ROAD, S.E. 2.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32909 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 31 TITLE

3.2 NAME

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5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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 angular 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 file dorporation of 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

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

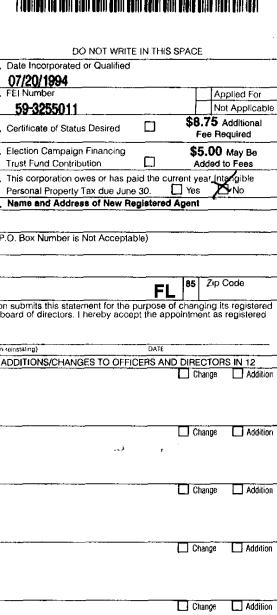
5.4 CITY - \$1 - ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY - \$1 - ZIP

FILED Apr 27 1998 8:00am Secretary of State



Change

Addition