FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000074042

1. Corporation Name

BRYANT & O'SHIELDS REALTY, INC.

2276 FOXWOOD DRIVE

ORANGE PARK FL

线毛融 矿铁矿

Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , , ,		1-4- 4-4		
950-17 BLANDING 950-17 BLANDING ORANGE PARK FL 32065 ORANGE PARK FL 32065						DO NOT WRITE IN TH	IS SPACE		
	With the second second					3. Date Incorporated or Qualifed 10/05/1994			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						59-3279681		Not Applicable	
Suite, Apt. #, etc.						5. Certifcate of Status Desired		5 Additional Required	
22 27 City & State City & State 23 28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip				ountry		8. This corporation owes the current year Intangible Personal Property Tax. Yes			
[27]	9. Name and Address of Currer					10. Name and Address of New Registere	d Agent		
				81	Name	•			
BRYANT, FREDERICK H JR 950-17 BLANDING ORANGE PARK FL 32065				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
				83			14.		
				84	City	F	L 85 Z	ip Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change v	vas autnonz	ea by	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing ointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Register	red Agen	t signature requi	ired when reinstating) DATE			
12.				3.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	DELETE DELETE			1.1 TITLE			Chan	ge 🗌 Additi	
NAME	BRYANT, FREDERICK H JR			NAME	1				
STREET ADDRESS 2911 CIRCLERIDGE DR				STREET	ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL		1,4	CITY-SÎ	-ZIP	<u></u>			
TITLE	D	DELE1	ΓE 2.1	TITLE			☐ Chan	ige ☐ Additi	
NAME	DISHIELDS MARTHA I		22	NAME					

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TO THE STATE OF CITY-ST-ZIP 6.4 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 or supplemental annual report is true and accurate any 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, with all other like empowered.

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2.4 CITY-ST-ZIP

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

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STREET ADDRESS

STREET ADDRESS

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1-272-7400

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Jan 26, 1999 8:00am

Secretary of State

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Applied For Not Applicable