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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000004129 (9)

BRYANT PROPERTY MANAGEMENT INC.

25

BRYANT, BARRY J 1682 VINEYARD WAY

TALLAHASSEE FL 32311

Principal Place of Business Mailing Address 1682 VINEYARD WAY 1682 VINEYARD WAY TALLAHASSEE FL 32311 TALLAHASSEE FL 32311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1995 2. Principal Place of Business 2a. Mailing Address FEI Number 59-3283114 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible

84 City 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.

61

82

83

Name

SIGNATURE	**************************************		reculred when reinstating) DATE		
Signature, types or printed the trip of the signature of					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TSTLE	P DELET	E 1,1 TITLE		Change	☐ Addition
NAME	BRYANT, BARRY J	1.2 NAME	r# c		ļ
STREET ADDRESS	1682 VINEYARD WAY	1.3 STREET ADDRESS	. (5		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP			
TITLE	☐ DELET	E 2.1 TITLE		☐ Change	Addition
NAME		22 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP		2. 4 CITY-ST-ZIP			
TITLE	☐ DELET	E 3.1 TITLE		☐ Change	Addition
NAME	·	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELET	E 4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET AOORESS			
CITY - ST - ZIP		4.4 CITY-ST-ZIP			<u> </u>
TITLE	☐ DELET	Ē , 5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELET	E 6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS	ĺ		
DITY OF 310		6.4 CITY, CT. 7ID			

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 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:

Barrisons

508 303/

FILED

Apr 16 1998 8:00am

Secretary of State

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

☐ Yes

85

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Not Applicable