

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000019177 (1)

1. Corporation Name

BRYANT TECHNICAL CONSULTING, INC.



Principal Place of Business

881 LAGOON DRIVE  
OVIEDO FL 32765

Mailing Address

881 LAGOON DRIVE  
OVIEDO FL 32765

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 65 ALAFAYA BLVD

Suite, Apt. #, etc.

2a. Mailing Address

26 65 ALAFAYA BLVD

Suite, Apt. #, etc.

4. FEI Number

57330120 59330121

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

22

City & State

23 OVIEDO FL

Zip

24 32765

Country

25 USA

27

City & State

28 OVIEDO FL

Zip

29 32765

Country

30 USA

9. Name and Address of Current Registered Agent

BRYANT, DAN  
881 LAGOON DRIVE  
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of agent or director, if applicable)

DAN BRYANT  
PRESIDENT

4-8-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME RICHARDS, ALICIA E  
STREET ADDRESS 881 LAGOON DRIVE  
CITY-ST-ZIP OVIEDO FL 32765

TITLE PD ☐ DELETE

NAME BRYANT, DAN  
STREET ADDRESS 881 LAGOON DRIVE  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ~~VP~~ VP ☐ DELETE

NAME JEANE E. BRYANT  
STREET ADDRESS 881 LAGOON DR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 3642838  
DATE DAYTIME PHONE #

CR2E034 (12/95)