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

Mailing Address

PROFIT_ CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051149

1. Corporation Name

BRYANT'S, INC.

Principal Place of Business

FILED Jun 30, 1999 8:00 am Secretary of State

06-30-1999 90010 002 ***550.00



2353 EAST DUVAL STREET LAKE CITY FL 32055		2353 EAST DUVAL STREET LAKE CITY FL 32055		DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualifed 06/09/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			APPLIED FOR 59-357434	'3 No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional equired
22 27					6. Election Campaign Financing	\$5.00	May Be
23		28	•		Trust Fund Contribution	Added	to Fees
Zip	Country Zip Cou			, masses, see			
24	25 29 30			Tersorial Troporty Tax.			
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered A	gent	
	ANT ISSUE SALAMAN		81	81 Name			
Bryant, Jerry Wayne 2353 East Duval Street				82 Street Address (P.O. Box Number is Not Acceptable)			
LAKE	E CITY FL 32055		8:	3			*.** ·
			84	City	FL	85 Zip	Code
				1		hannina ita	rogiotorod_
l office or n	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 was au	tnonzed by	tne corporati	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	ment as re	egistered
SIGNATURE							
	Signature, typed or printed name of registered age			ent signature require	ed when reinstating) DATE	DIDECT	000 IN 10
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BRYANT, JERRY WAYNE		1.2 NAME				
STREET ADDRESS	2353 EAST DUVAL STREET		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32055		1.4 C/TY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	}		2.3 STREI	ET ADDRESS			
CITY-ST-ZIP			2, 4 CITY-	ST-ZIP			_
TITLE	, <u>, , , , , , , , , , , , , , , , , , </u>	☐ DELETE	3.1 TITLE			Change	Addition
NAME		_	3.2 NAME				
STREET ADDRESS			1	ET ADDRESS			
			3.4. CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
ì			4. 2 NAME	ì		_ •	_
NAME				ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE	SI-ZIP		Change	Addition
TITLE		€ DECE IE	5.1 IIILE 5.2 NAME				
NAME				†			
STREET ADDRESS				ET ADDRESS			
C/TY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY ST. 719			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 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, with all other like empowered.

SIGNATURE:

 $\equiv \langle \hat{\cdot} \hat{\cdot} \hat{\cdot} \rangle$