FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:33

DOCUMENT # **V19164** **(5)**

1. Corporate Name
BRYAN GROCERY CO., INC.

Principal Place of Business
514 E HOWARD ST
LIVE OAK FL 32060
US

Mailing Address
514 E HOWARD ST
LIVE OAK FL 32060
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3110092 — 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
BRYAN, JAMES FERRELL
514 E HOWARD ST
LIVE OAK FL 32060

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 607.0505 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.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BYRAN, JAMES FERRELL
STREET ADDRESS	514 E HOWARD ST
CITY, ST, ZIP	LIVE OAK FL
TITLE	STD
NAME	BYRAN, GLORIA B
STREET ADDRESS	514 E HOWARD ST
CITY, ST, ZIP	LIVE OAK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. [illegible] Florida Statutes. [illegible] Florida Statutes, and that my name appears above, or on an attached amendment, or on a separate document with an acceptation.

SIGNATURE: James F. Bryan 1/11/95 904 362 6196
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0000372 CP