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

PROFIT CORPORATION ANNUAL REPORT



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

1996	- To 11	
DOCUMENT #	V35821	

(0)

1. Corporation Name

BRYAN DAIRY BP, INC.

Principal Place of Business		
% MARTIN L GARCIA ESO 101 E KENNEDY BLYD SUITE 3700 TAMPA FL 33602	% MARTIN L GARCIA ESO 101 E KENNEDY BLVD SUITE 3700 TAMPA FL 33602	Date Incorporated or Qualified

Principal Place	e of Business	Mailing Address			BOT TEAK BERKE BERKE BERKE BERKE BERKE BERKE BERKE
	Garcia eso Edy Blvd - Suite 3700 3602	% Martin L Garcia 101 e Kennedy Blve Tampa Fl 33602			
				 Date Incorporated or Qualified 05/13/1992 	d 3a. Date of Last Report 04/24/1995
L	ace of Business	2a. Majir Address	(Conscil	4. FEt Number 59-3125225	Applied For
Suite, Apt.	# etc	Suite Ant # etc	MICH		Not Applicable \$8.75 Additional
22	, 0.0.	27 1243 B	ryau Dairy P	5. Certificate of Status Desired	Fee Required
City & State	e	Chue State	n Ela	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23	Country	Zip 15 LAPY	Country 1	9 This corporation has liability for	Added to Fees or intangible tax under s 199.032,
24	25	29 34641	30 Pinella	Florida Statutes X Y	es No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent
			81 Name	Martin / Ga	Nik
	, MARTIN L.		82 Street A	Address (P.O. Box Number is Not Accept	labje) 12 /
	ENNEDY BLVD			1092 pryaus	Lairy K.V.
SUITE 3			83	Laisi Fla	/
IAMPA	FL 33602		84 City		E1 85 -Zip Code / 7
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the above-named co	rporation submits this statement for the p	purpose of changing its registered office
or register	red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	 Such change was authori. 	zed by the corporation's	board of directors. I hereby accept the a	ppointment as registered agent. I am
	itt, and accept the obligations of, Secti	on 607.0303, Florida Statute	3.		
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable (N	OTE: Registered Agent signature re	<u> </u>	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	DP CAPOLA MARTINI	☐ DEL€TE	1. 1 TITLE		Change Addition
NAME	GARCIA, MARTIN L		1.2 NAME		
STREET ADDRESS	1613 S CULBREATH ISLES TAMPA FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	DVS	☐ DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change: Addition
NAME	GARCIA, KENNEDY		2.1 MLF 2.2 NAME		Change Addition
STREET ADDRESS	1613 S CULBREATH ISLES		2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2 4 CITY-ST-ZIP		
11716	D	☐ DELETE	3 1 TITLE	DVP	☐ Change 🔣 Addition
NAME	GARCIA, MANUEL		32 NAME	manuel Garcia	
STREET ADDRESS	4933 NEW PROVIDENCE		3.3. STREET ADDRESS	4933 New Provi	idence
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, PL	
TITLE		☐ DELETE	4. 1 TiTLE	UP .	Change: 🔼 Addition
NAME			4.2 NAME	marshall Garcia	
STREET ADDRESS			4.3 STREET ADDRESS	16011 Amberly F Tampa, FL	orive
CITY-S1-ZIP			4.4 CITY - ST - ZIP	Tampa, FL	
THILE		☐ DELETE	5 1 DTLE	•	Change Addition
NAME)		52 NAME		
STREET ADORESS			53 STREET ADDRESS		
CITY-ST-ZIP		DELETE	54 C(TY - ST - ZIP		Change Addition
111LE NAME			6 1 TITLE		El challes El Wodicou
NAME CTREET ADDRESS			62 NAME		
STREET ADDRESS GITY-ST-ZIP			6 3 STREET ADDRESS		
[GIT-51-ZIF	J		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furplished 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 simulal report, frue 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 concentration or the roceiver or tusted empty field to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged or improvemental statutes.

SIGNATURE:

96 (813)545-0788

CR2E034 (12/95)