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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V35821** (0)

1. Corporation Name
BRYAN DAIRY BP, INC.

Principal Place of Business	Mailing Address
% MARTIN L GARCIA ESQ 101 E KENNEDY BLVD SUITE 3700 TAMPA FL 33602	MARTIN L. GARCIA ~~7243 BRYAN DAIRY RD.~~ ~~LARGO FL 33777-1538~~ US

3. Date Incorporated or Qualified: 05/13/1992
3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-3125225 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 15950 Bay Vista Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 250
City & State 23	City & State 28 Clearwater, FL
Zip / Country 24 / 25	Zip / Country 29 34620 / 30 US

9. Name and Address of Current Registered Agent

GARCIA, MARTIN L.
7243 BRYAN DAIRY RD.
LARGO FL 34647

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
15950 Bay Vista Drive

83 Suite 250

84 City Clearwater FL 85 Zip Code 34620

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.

SIGNATURE [signature] 3/7/97
(Signature of new registered agent and filed applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, MARTIN L		1.2 NAME		
STREET ADDRESS	1613 S CULBREATH ISLES		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, KENNEDY		2.2 NAME		
STREET ADDRESS	1613 S CULBREATH ISLES		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, MANUEL		3.2 NAME		
STREET ADDRESS	4933 NEW PROVIDENCE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, MARSHALL		4.2 NAME		
STREET ADDRESS	16011 AMBERLY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] MARTIN L. GARCIA 3/7/97