

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 # **V45519** (8)

1. Corporation Name
W.G. BRYANT, INC.



Principal Place of Business
**% WILLIAM G. BRYANT
1420 E. CONANT STREET
BARTOW FL 33830**

Mailing Address
**% WILLIAM G. BRYANT
1420 E. CONANT STREET
BARTOW FL 33830**

3. Date Incorporated or Qualified **06/23/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3136756		Applied For ☐ Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**BRYANT, WILLIAM G.
1420 E. CONANT STREET
BARTOW FL 33830**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, typed or printed name of registered agent, and fee, if applicable.

(Print) Registered Agent Signature (required when replacing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BRYANT, WILLIAM G.	
STREET ADDRESS	1420 E. CONANT ST	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	STD	☐ DELETE
NAME	HOPKINS, SUSAN	
STREET ADDRESS	612 RENAY CT.	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	V	☒ DELETE
NAME	BRYANT, JAN	
STREET ADDRESS	1420 E. CONANT ST	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	D	☐ DELETE
NAME	BRYANT, ROBERT L	
STREET ADDRESS	6311 HOFSTRA CT.	
CITY - ST - ZIP	FT. MYERS FL 33919	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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

4-26-96

941-481-2486

CR2E034 (12/95)