

DOCUMENT # V43319

1. Entity Name

W.G. BRYANT, INC.



FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90009 004 ***150.00

Principal Place of Business

C/O WILLIAM G. BRYANT
 1420 E. CONANT STREET
 BARTOW, FL 33830

Mailing Address

C/O WILLIAM G. BRYANT
 1420 E. CONANT STREET
 BARTOW, FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3136756

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
 corporation did not receive the prior notice.

10. 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 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V-President ☐ Change ☒ Addition
 NAME Edith M. Bryant
 STREET ADDRESS 1420 E. Conant St
 CITY-ST-ZIP Bartow Fla 33830

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William G. Bryant
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04
 Date

863-533-7196
 Daytime Phone #