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

DOCUMENT #

(3)

1. Corporation Name

NORMAN L. BUSH & COMPANY, INC.

Principa Piace	or Business	Mailing Address					
1855 63RD A BRADENTON		1855 63RD AVE. E Bradenton Fl. 3420	1855 63RD AVE. E BRADENTON FL 34203				
					 Date Incorporated or Qualified 05/23/1978 	3a. Date of Last F 04/20/19	
2. Principa! Pla 21	ace of Business	2a. Mailing Address 26	n		4. FEI Number 59-1821954		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country Zip 29		Gour 30	try	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New F	legistered Agent	
BUSH, NORMAN L.				Name Street A	ddress (P.O. Box Number is Not Acceptab	ole)	
	RD AVENUE EAST ITON FL 34203		83				
				B4 Gity		FL T	Zıp Code
familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	2 and 607.1508, Florida Statu da. Such change was authori ion 607.0505, Florida Statute	ites, the abovized by the or es.	e-named cor orporation's b	poration submits this statement for the pu loard of directors. I hereby accept the app	pose of changing its ointment as registers	s registered offici ed agent. I am
SIGNATURE _	Signature, typed or printed han e of registered agent	and title if applicable (N	IOTE: Registereo	Agent signature re-	juired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE	PST	DELETE		LE		Change	Addition
NAME	BUSH, NORMAN L.,III		1.2 NA	ME.			
STREET ADDRESS	1855 63RD AVENUE E.		13 SII	REEL ADDRESS			
CITY-ST-ZIP	BRADENTON FL		1.4 CH	Y-ST-ZIP			
TITLE		DELETE	2. 1 TI			☐ Change	Addition
NAME			2 2 NA	ME			
STREET ADDRESS			2.3 ST	REET ADORESS			
CITY-ST-ZIP			2.4 0(1	Y - ST - Z(P			
TITLE		☐ DELETE	3.1 11	LE		Change	e 🔲 Addition
NAME			3 2 NA	Mi			
STREET ADDRESS			3.3. S1	REE1 ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			. []
TITLE		DELETE	4 1 TI			Change	e 🔲 Addition
NAME			4.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		F7 01	. [7] 4.4.2
TITLE		DELETE	5 1 71	1		Change	e 🔲 Addition
NAME			5.2 NA				
STREET ADDRESS			5.3 \$1	REET ADDRESS			
CITY-ST-ZIP		Fil Murit		Y-ST-ZIP		[] Chang	a
		1 Dr. C. C.	■ C 4.7:	74 5		I I Chana	e i kananian

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

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 13 if granged, or on an attachment with an address. 4/29/94 941-756-2000

CR2E034 (12/95)