FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:45

DOCUMENT # **580025** **(5)**

1. Corporation Name
BRUCE'S, INC.

Principal Place of Business	Mailing Address
6640 S E 110TH STREET PO BOX #730 BELLEVIEW FL 34421-730 US	6640 S E 110TH STREET PO BOX #730 BELLEVIEW FL 34421-730 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1978
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: ~~59-1935597~~ 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

9. Name and Address of Current Registered Agent

BRUCE, ALOYSIUS J.
6640 S.E. 110TH STREET
BELLEVIEW FL 32620

10. Name and Address of New Registered Agent

81 Name: BRUCE, MICHEAL J
82 Street Address (P.O. Box Number is Not Acceptable): 6640 S.E. 110TH STREET
83:
84 City: BELLEVIEW **FL** 85 Zip Code: 34420

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: Michael J Bruce — MICHAEL J BRUCE, PRESIDENT — DATE: 4/5/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☒ Change ☐ Addition
NAME	BRUCE, MATTHEW J	1.2 NAME		
STREET ADDRESS	3658 QUIET POND LANE	1.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	BRUCE, YVONNE	2.2 NAME		
STREET ADDRESS	2550 S.E. 40TH ST.	2.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, PHYLLIS J	3.2 NAME	DELETE	
STREET ADDRESS	8940 TREE HAVEN DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP		
TITLE	PTD	4.1 TITLE	PTD	☒ Change ☐ Addition
NAME	BRUCE, ALOYSIUS J	4.2 NAME	BRUCE, MICHAEL J.	
STREET ADDRESS	2550 S.E. 40TH ST.	4.3 STREET ADDRESS	6640 SE 110TH ST.	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	BELLEVIEW, FL. 34420	
TITLE	VD	5.1 TITLE		☒ Change ☐ Addition
NAME	BRUCE, MICHAEL	5.2 NAME	DELETE	
STREET ADDRESS	327 S E 50TH AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Michael J Bruce — MICHAEL J BRUCE — 4/5/95 — 904-245-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #