

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # 656482**

**(7)**

1. Corporation Name  
**AL BRUCE, INC.**

**95 APR 20 PM 1:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**843 ADGER SMITH LANE  
MELBOURNE FL 32935**      **843 ADGER SMITH LANE  
MELBOURNE FL 32935**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/20/1980**      **05/01/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		<b>59-1997944</b>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BRUCE, AL  
843 ADGER SMITH LANE  
MELBOURNE FL 32935**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUCE, AL</b>	1.2 NAME	
STREET ADDRESS	<b>843 ADGER SMITH LANE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUCE, CONSTANCE N.</b>	2.2 NAME	
STREET ADDRESS	<b>843 ADGER SMITH LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUCE SR., DAVID ALAN</b>	3.2 NAME	
STREET ADDRESS	<b>880 ADGER SMITH LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Constance N. Bruce*      **Constance N. Bruce**      **3/28/95**      **407.254-6044**  
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR      (Typed Name)