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 MAR 29 PM 3:32

DOCUMENT # **656502** **(2)**

1. Corporation Name
BRUCE'S KEY AND LOCK, INC.

Principal Place of Business	Mailing Address
539 D SCOTTY'S LANE TALLAHASSEE FL 32303	539 D SCOTTY'S LANE TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/20/1980**
3a. Date of Last Report: **03/02/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1987870** ☐ 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

SIMMONS, ROGER B.
4105 HENIARD DRIVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Stephen B. Simmons
82 Street Address (P.O. Box Number is Not Acceptable): 4144 McLeod Dr.
83
84 City: Tallahassee **FL** 85 Zip Code: 32303

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: Stephen B. Simmons, VP — 03/23/95
(Signature, typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, MARY K	12 NAME	
STREET ADDRESS	4105 HENIARD DR	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, ROGER B	22 NAME	
STREET ADDRESS	4105 HENIARD DR	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, ROGER D	32 NAME	
STREET ADDRESS	RT 2, BOX 30,DEER RUN RD	33 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☒ Change ☐ Addition
NAME	SIMMONS, STEPHEN B.	42 NAME	
STREET ADDRESS	1937 SHADY OAKS DR.	43 STREET ADDRESS	4144 McLeod Dr.
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JONES, WILLIAM P	52 NAME	
STREET ADDRESS	5437 GROVE VALLEY RD.	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Stephen B. Simmons — Stephen B. Simmons — 3-22-95 — 385-4829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026556 CP