

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 656502 (2)
1. Corporation Name:
BRUCE'S KEY AND LOCK, INC.



Principal Place of Business Mailing Address
539 D SCOTTY'S LANE 539 D SCOTTY'S LANE
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303-4873

3. Date Incorporated or Qualified 02/20/1980 3a. Date of Last Report 04/23/1996
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

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

9. Name and Address of Current Registered Agent

SIMMONS, STEPHEN B
4144 MCLEOD DR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMMONS, MARY K			1.2 NAME			
STREET ADDRESS	4105 HENIARD DR			1.3 STREET ADDRESS			
CITY- ST- ZIP	TALLAHASSEE, FL 00000			1.4 CITY- ST- ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMMONS, ROGER B			2.2 NAME			
STREET ADDRESS	4105 HENIARD DR			2.3 STREET ADDRESS			
CITY- ST- ZIP	TALLAHASSEE, FL 00000			2.4 CITY- ST- ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	PD
NAME	SIMMONS, ROGER D			3.2 NAME			
STREET ADDRESS	RT 2, BOX 30, DEER RUN RD			3.3 STREET ADDRESS			
CITY- ST- ZIP	HAVANA FL			3.4 CITY- ST- ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	VD
NAME	SIMMONS, STEPHEN B.			4.2 NAME			
STREET ADDRESS	4144 MCLEOD DR			4.3 STREET ADDRESS			
CITY- ST- ZIP	TALLAHASSEE FL			4.4 CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	SD
NAME	JONES, WILLIAM P			5.2 NAME			
STREET ADDRESS	5437 GROVE VALLEY RD.			5.3 STREET ADDRESS			
CITY- ST- ZIP	TALLAHASSEE FL			5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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, as changed, or on an attachment with an address.

SIGNATURE: William P. Jones 4/7/97 904-385-4829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)