

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

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Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 656502 (2)
1. Corporation Name
BRUCE'S KEY AND LOCK, INC.

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

Mailing Address
539 D SCOTTY'S LANE
TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1987870	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIMMONS, STEPHEN B 4144 MCLEOD DR TALLAHASSEE FL 32303		81 Name ROGER B. SIMMONS 82 Street Address (P.O. Box Number is Not Acceptable) 4105 HENIARD DRIVE 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: ROGER B. SIMMONS, ST Roger B. Simmons DATE: 4-4-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD SIMMONS, MARY K 4105 HENIARD DR TALLAHASSEE, FL 00000	1.1 TITLE	D
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD SIMMONS, ROGER D RT 2, BOX 30, DEER RUN RD HAVANA FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD SIMMONS, STEPHEN B. 4144 MCLEOD DR TALLAHASSEE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD JONES, WILLIAM P 5437 GROVE VALLEY RD. TALLAHASSEE FL	4.1 TITLE	VD
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	ST
NAME		5.2 NAME	ROGER B. SIMMONS
STREET ADDRESS		5.3 STREET ADDRESS	4105 HENIARD DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32303
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: ROGER B. SIMMONS 03-25-98 850-562-4566

CR2E034 (10/97)