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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **666304** **(1)**

1. Corporation Name
BRUCE STRUMPF, INC.

Principal Place of Business	Mailing Address
314 MISSOURI AVE SOUTH #305 CLEARWATER FL 34616 US	C/O EDWIN PRESSER 3986 BOULEVARD CENTER DRIVE SUITE 106 JACKSONVILLE FL 32207-2638 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 4417 Beach Boulevard	04/02/1980	04/23/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22	27 Suite 310	59-1989902	☐ Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23	28 Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24 / 25	29 32207 / 30 USA		

9. Name and Address of Current Registered Agent

EDWIN PRESSER
3986 BOULEVARD CENTER DRIVE
SUITE 106
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Edwin Presser (No Change)
82 Street Address (P.O. Box Number is Not Acceptable): 4417 Beach Boulevard
83: Suite 310
84 City: Jacksonville FL 85 Zip Code: 32207

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STRUMPF, EILEEN		1.2 NAME		
STREET ADDRESS	314 S. MISSOURI AVE #305		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	PST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STRUMPF, BRUCE		2.2 NAME		
STREET ADDRESS	314 MISSOURI AVE. #305		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRUMPF, BRUCE		3.2 NAME		
STREET ADDRESS	314 S.MISSOURI, #305		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STRUMPF, JILL		4.2 NAME		
STREET ADDRESS	314 S. MISSOURI AVE, #305		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	DAT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STRUMPF, JILL		5.2 NAME		
STREET ADDRESS	314 S. MISSOURI AVE. #305		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: _____ BRUCE STRUMPF 1/31/97 813-449-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #