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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 666304

1. Corporation Name
BRUCE STRUMPF, INC.

Principal Place of Business	Mailing Address
314 MISSOURI AVE SOUTH #305 CLEARWATER FL 34616 US	4417 BEACH BOULEVARD SUITE 310 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed: 04/02/1980	
21	26	4. FEI Number: 59-1989902	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 33756 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDWIN PRESSER 4417 BEACH BOULEVARD SUITE 310 JACKSONVILLE FL 32207	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	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	~~V~~	~~☒ DELETE~~ OK	6.1 TITLE	V	☐ Change ☒ Addition
NAME	~~REYNOLDS, LENORE~~		6.2 NAME	REYNOLDS, LENORE	
STREET ADDRESS	~~314 S MISSOURI AVE, #305~~		6.3 STREET ADDRESS	314 S. MISSOURI AVE, #305	
CITY-ST-ZIP	~~CLEARWATER FL~~		6.4 CITY-ST-ZIP	CLEARWATER FL	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ Jill Strumpf VP 1/25/99 727-449-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #