

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

MAY 10 AM 10:25

DOCUMENT # **684345**

(2)

BRUGGEMAN & BRUGGEMAN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered Office Address: **2189 CLEVELAND ST. CLEARWATER FL 34625**
Mailing Address: **2189 CLEVELAND ST. CLEARWATER FL 34625**

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation (or Reincorporation) 08/15/1980		3a. Date of Last Report 05/01/1994	
21. Filing Number 59-2123439		Applied For ☐ Not Applicable	
22. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. This corporation has liability for intangible tax under S. 1981(4)? Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent BOZMOSKI, JOHN, JR. 600 BYPASS DR. STE. 215 CLEARWATER FL 34624		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	
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11. Pursuant to the provisions of Sections 607 (Pb.2) and 607 (50b) Florida Statutes, this 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 Sections 607 (Pb.2) Florida Statutes.

SIGNATURE: _____ By: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME PST BRUGGEMAN, RONALD F. 225 CYPRESS LANE OLDSMAR FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST. ZIP	☐ Change ☐ Add	
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14. I, hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am not aware of any fraud in the execution or filing of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the filing stamp or on an affidavit with a duplicate.

SIGNATURE: *R. F. Bruggeman* **5/11/95** **813-446-7551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR