

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **844913** (4)
1. Corporation Name
C.A. BRUHNS, INC.

Principal Place of Business Mailing Address
P.O. BOX 518 P.O. BOX 518
INDIANTOWN FL 34956 INDIANTOWN FL 34956
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/08/1980** 3a. Date of Last Report **02/22/1994**
4. FBI Number **13-5546976** 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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POST, ROBERT M. J
16001 SW MARKET STREET
INDIANTOWN FL 34959

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME POST, ROBERT M JR.
STREET ADDRESS 16001 MARKET STREET
CITY-ST-ZIP INDIANTOWN FL
TITLE PDT
NAME HENNING, CAROLYN G
STREET ADDRESS 23 W JOHN ST
CITY-ST-ZIP HICKSVILLE NY
TITLE D
NAME ABUHOFF, FLEUR
STREET ADDRESS 23 W JOHN ST
CITY-ST-ZIP HICKSVILLE NY
TITLE SD
NAME ROSE, ELIZABETH
STREET ADDRESS WEST FARMS RD
CITY-ST-ZIP INDIANTOWN FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME SD
4.3 STREET ADDRESS GENTRY, ELIZABETH
4.4 CITY-ST-ZIP WEST FARMS RD.
5.1 TITLE Change Addition
5.2 NAME INDIANTOWN, FL
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition.

SIGNATURE:

Robert M. Post
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-95

407
597-3113

(Title)

(Agent/Phone #)