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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F27566 (1)

1. Corporation Name

BUNN & ROBERTS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3912 FREEDOM AVENUE POST OFFICE BOX 501 SARASOTA FL 34230	3912 FREEDOM AVENUE POST OFFICE BOX 501 SARASOTA FL 34230

2. Principal Place of Business	2a. Mailing Address
21 3213 Henrietta Pl. #4	26 3213 Henrietta Pl. #4
Suite, Apt. #, etc. 22 POBox 501	Suite, Apt. #, etc. 27 P.O. Box 501
City & State 23 Sarasota, Fl.	City & State 28 Sarasota, FL.
Zip 24 34230 Country 25	Zip 29 34230 Country 30

3. Date Incorporated or Qualified: 03/31/1981
3a. Date of Last Report: 02/28/1995
4. FEI Number: 59-2074286 ☐ 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

9. Name and Address of Current Registered Agent

ROBERTS, ANDREW J.
~~3912 FREEDOM AVENUE~~
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3213 Henrietta Pl. #4
83
84 City Sarasota, FL. FL 85 Zip Code 34234

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: Andrew J. Roberts (NOTE: Registered Agent signature required when reinstating.) DATE: 4-29-96

Signature, typed or printed name of Registered Agent and Date required.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROBERTS, ANDREW J. ~~3912 FREEDOM AVE.~~ SARASOTA, FL 00000 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 3213 Henrietta Pl. #4 Sarasota, FL. 34234
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCC PERSSE, JOHN W. ~~806 SARASOTA QUAY~~ SARASOTA, FL 00000 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1800 Second St. Su. 919 Sarasota, FL. 34236
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do 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 address.

SIGNATURE: Andrew J. Roberts 4-27-96 941-351-9476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #