

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K01640

(7)

1. Corporation Name

BRONSON & JUSTIN, INC.



Principal Place of Business

1015 S.E. 47TH TER.  
CAPE CORAL FL 33904  
US

Mailing Address

1015 S.E. 47TH TER.  
CAPE CORAL FL 33904  
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HECKLER, JAMES R.  
1015 S.E. 47TH TER.  
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

11/12/1987

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0014598

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

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 (check one):

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                |   |                   |                                 |
|----------------|---|-------------------|---------------------------------|
| TITLE          | P | HECKLER, JAMES R. | <input type="checkbox"/> DELETE |
| NAME           |   |                   |                                 |
| STREET ADDRESS |   | 1313 SW 18TH ST   |                                 |
| CITY-STATE-ZIP |   | CAPE CORAL FL     |                                 |
| TITLE          | S | HECKLER, DONNA S. | <input type="checkbox"/> DELETE |
| NAME           |   |                   |                                 |
| STREET ADDRESS |   | 1313 SW 18TH ST   |                                 |
| CITY-STATE-ZIP |   | CAPE CORAL FL     |                                 |
| TITLE          |   |                   | <input type="checkbox"/> DELETE |
| NAME           |   |                   |                                 |
| STREET ADDRESS |   |                   |                                 |
| CITY-STATE-ZIP |   |                   |                                 |
| TITLE          |   |                   | <input type="checkbox"/> DELETE |
| NAME           |   |                   |                                 |
| STREET ADDRESS |   |                   |                                 |
| CITY-STATE-ZIP |   |                   |                                 |
| TITLE          |   |                   | <input type="checkbox"/> DELETE |
| NAME           |   |                   |                                 |
| STREET ADDRESS |   |                   |                                 |
| CITY-STATE-ZIP |   |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-STATE-ZIP |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-STATE-ZIP |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-STATE-ZIP |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-STATE-ZIP |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-STATE-ZIP |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-STATE-ZIP |                                                                   |

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:

James R. Heckler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Procs 2/26/96

941-549-9555

Daytime Phone #

CR2E034 (12/95)