

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morton,
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 APR 12 PM 10:32****DOCUMENT # K64120 (4)**

1. Corporation Name

BRUNO-EHLERS ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business C/O EHLERS REALTY, INC. 2403 SE 17TH ST. OCALA FL 34471 US		Mailing Address C/O EHLERS REALTY, INC. 2403 S.E. 17TH STREET, SUITE #101 OCALA FL 34471 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 02/08/1989		3a. Date of Last Report 04/05/1994	
4. FEI Number 59-2937408		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	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent EHLERS, HENRY A. 2403 S.E. 17TH STREET, SUITE 101 OCALA FL 34471		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 and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	EHLERS, HENRY	1.1 TITLE ☐ Change ☐ Addition	
NAME EHLERS, HENRY		1.2 NAME	
STREET ADDRESS 2403 S.E. 17TH ST.		1.3 STREET ADDRESS	
CITY - ST - ZIP OCALA FL		1.4 CITY - ST - ZIP	
TITLE VD	EHLERS, BRIAN	2.1 TITLE ☐ Change ☐ Addition	
NAME EHLERS, BRIAN		2.2 NAME	
STREET ADDRESS 2403 SE 17TH ST		2.3 STREET ADDRESS	
CITY - ST - ZIP OCALA FL		2.4 CITY - ST - ZIP	
TITLE TD	EHLERS, HENRY	3.1 TITLE ☐ Change ☐ Addition	
NAME EHLERS, HENRY		3.2 NAME	
STREET ADDRESS 2403 SE 17TH STREET		3.3 STREET ADDRESS	
CITY - ST - ZIP OCALA FL		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #