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 APR 28 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000011607 (6)**

1. Corporation Name

BRUCE'S AUTOMOTIVE REPAIR, INC.

Principal Place of Business	Mailing Address
~~509 COMMERCE WAY EAST~~ ~~JUPITER FL 33458~~	~~509 COMMERCE WAY EAST~~ ~~JUPITER FL 33458~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 100 Tonty Penna Dr.	26 100 Tonty Penna Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Juputer, Fl.	City & State 28 Juputer, Fl.
Zip 24 33458 Country 25 U.S.	Zip 29 33458 Country 30 U.S.

4. FEI Number: 65-0452391 ☐ 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	10. Name and Address of New Registered Agent
PALMIERI, LAUREL A **509 COMMERCE WAY WEST** **JUPITER FL 33458**	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: Laurel Palmieri (Signature, typed or printed name of registered agent and title if applicable) Laurel Palmieri (NOTE: Registered Agent signature required when reinstating) DATE: 4/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☒ Change ☐ Addition
NAME	PALMIERI, LAUREL A	12 NAME	Palmieri, Laurel A.	
STREET ADDRESS	509 COMMERCE WAY EAST	13 STREET ADDRESS	100 Tonty Penna Dr.	
CITY-ST-ZIP	JUPITER FL 33458	14 CITY-ST-ZIP	Juputer, Fl. 33458	
TITLE	Secretary	21 TITLE		☐ Change ☐ Addition
NAME	Delvalle, Bruce F.	22 NAME		
STREET ADDRESS	100 Toney Penna Dr.	23 STREET ADDRESS		
CITY-ST-ZIP	Jupiter, Fl. 33458	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), 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: Laurel Palmieri 4/7/95 407-575-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0200037 CP