

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA
33606

DOCUMENT # P94000019083 (2)

BRUCE METEOROLOGICAL SERVICE, INC.

APPROVED
FILED

03 MAY 1996 10:25

LED STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Office Address 813 W. PLATT STREET TAMPA FL 33606		Meeting Address 813 W. PLATT STREET TAMPA FL 33606																																																																																																																									
(DO NOT WRITE IN THIS SPACE)																																																																																																																											
3. Certificate requested or filed? 03/07/1994		3a. Date of Last Report																																																																																																																									
4. Filing Fee \$7-323/216		Attained Fee 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. 199.042, Florida Statutes ☐ Yes ☐ No																																																																																																																											
9. Name and Address of Current Registered Agent CAMPBELL, BRUCE S 813 W. PLATT STREET TAMPA FL 33606		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 601.01 and 601.02 of the 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 provisions of law for this State of Florida Statutes. SIGNATURE _____ _____ New Registered Agent (print name and address)																																																																																																																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">12.1</td> <td style="width:80%;">NAME D CAMPBELL, BRUCE S</td> <td style="width:10%;">12.2</td> <td style="width:10%;">ADDRESS 813 W. PLATT STREET</td> </tr> <tr> <td>12.3</td> <td></td> <td>12.4</td> <td></td> </tr> <tr> <td>12.5</td> <td></td> <td>12.6</td> <td></td> </tr> <tr> <td>12.7</td> <td></td> <td>12.8</td> <td></td> </tr> <tr> <td>12.9</td> <td></td> <td>12.10</td> <td></td> </tr> <tr> <td>12.11</td> <td></td> <td>12.12</td> <td></td> </tr> <tr> <td>12.13</td> <td></td> <td>12.14</td> <td></td> </tr> <tr> <td>12.15</td> <td></td> <td>12.16</td> <td></td> </tr> <tr> <td>12.17</td> <td></td> <td>12.18</td> <td></td> </tr> <tr> <td>12.19</td> <td></td> <td>12.20</td> <td></td> </tr> <tr> <td>12.21</td> <td></td> <td>12.22</td> <td></td> </tr> <tr> <td>12.23</td> <td></td> <td>12.24</td> <td></td> </tr> <tr> <td>12.25</td> <td></td> <td>12.26</td> <td></td> </tr> <tr> <td>12.27</td> <td></td> <td>12.28</td> <td></td> </tr> <tr> <td>12.29</td> <td></td> <td>12.30</td> <td></td> </tr> </table>		12.1	NAME D CAMPBELL, BRUCE S	12.2	ADDRESS 813 W. PLATT STREET	12.3		12.4		12.5		12.6		12.7		12.8		12.9		12.10		12.11		12.12		12.13		12.14		12.15		12.16		12.17		12.18		12.19		12.20		12.21		12.22		12.23		12.24		12.25		12.26		12.27		12.28		12.29		12.30		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">13.1</td> <td style="width:80%;">NAME</td> <td style="width:10%;">13.2</td> <td style="width:10%;">ADDRESS</td> </tr> <tr> <td>13.3</td> <td></td> <td>13.4</td> <td></td> </tr> <tr> <td>13.5</td> <td></td> <td>13.6</td> <td></td> </tr> <tr> <td>13.7</td> <td></td> <td>13.8</td> <td></td> </tr> <tr> <td>13.9</td> <td></td> <td>13.10</td> <td></td> </tr> <tr> <td>13.11</td> <td></td> <td>13.12</td> <td></td> </tr> <tr> <td>13.13</td> <td></td> <td>13.14</td> <td></td> </tr> <tr> <td>13.15</td> <td></td> <td>13.16</td> <td></td> </tr> <tr> <td>13.17</td> <td></td> <td>13.18</td> <td></td> </tr> <tr> <td>13.19</td> <td></td> <td>13.20</td> <td></td> </tr> <tr> <td>13.21</td> <td></td> <td>13.22</td> <td></td> </tr> <tr> <td>13.23</td> <td></td> <td>13.24</td> <td></td> </tr> <tr> <td>13.25</td> <td></td> <td>13.26</td> <td></td> </tr> <tr> <td>13.27</td> <td></td> <td>13.28</td> <td></td> </tr> <tr> <td>13.29</td> <td></td> <td>13.30</td> <td></td> </tr> </table>		13.1	NAME	13.2	ADDRESS	13.3		13.4		13.5		13.6		13.7		13.8		13.9		13.10		13.11		13.12		13.13		13.14		13.15		13.16		13.17		13.18		13.19		13.20		13.21		13.22		13.23		13.24		13.25		13.26		13.27		13.28		13.29		13.30	
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the information stated as to law. I understand the Florida Statutes. I further certify that the statements indicated on this annual report are true and correct and that my signature shall have the same legal effect as if made on the oath that I am an officer or director of this corporation or the member of the corporation empowered to make and the report as required by Chapter 601 of the Florida Statutes, and that my name appears in Block 12 or Block 13 and changed or corrected information with an address.																																																																																																																											
SIGNATURE: _____ _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-8-95 (813) 251-9195																																																																																																																									