## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STA Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075813 (3)

Corporation Name
BRUNER GROVES, INC.

FILED Jan 15 1998 8:00am Secretary of State

BROKET GROVES, 1140.			
Principal Place of Business	Mailing Address		
6900 KEMPFER ROAD	6900 KEMPFER ROAD		
ST CLOUD FL 34773	ST CLOUD FL 34773		
US	US		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			10/13/1994
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59-3281119 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State		
23	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip Country	Zip	Country	7,0303 (31,000
24 25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Current		1301	10. Name and Address of New Registered Agent
BRUNER, CHARLES M II		81 Name	to, name and Addicas of New Hogistered Agent
6900 KEMPFER ROAD			
ST CLOUD FL 34773		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
31 OLOOD FL 34773		83	
		83	
		84 City	■■ 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502	and 607.1508, Florida Statu	es, the above-named corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I am famillar with, and accept the obligation	ons of, Section 607.0505, FI	authorized by the corporation orida Statutes.	on s board of directors, I hereby accept the appointment as registered
SIGNATURE			
Stgnature, typed or printed name of registered agent a	and title if applicable. (NO	E. Registered Agent signature require	d when reinstating) DATE
12. OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	OELETE	1.1 TITLE	Change Addition
NAME BRUNER, CHARLES M II		1.2 NAME	
STREET ADDRESS 6900 KEMPFER ROAD		1,3 STREET ADDRESS	
CITY-ST-ZIP ST. CLOUD FL		1.4 CITY-SY-ZIP	
TITLE VSTD	DELETE	2.1 TITLE	Change Addition
NAME BRUNER, JANICE B		2.2 NAME	one.go
STREET ADDRESS 6900 KEMPFER ROAD		1	
ST CLOUD E		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. GLOOD PL	DELETE	2.4 CITY-ST-ZIP	
	TTI DECEN	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	——————————————————————————————————————	3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 City-St-ZIP	<del></del>
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	<del>-</del>
STREET ADDRESS		5.3 STREET ADDRESS	
CiTY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE			
NAME	DELETE	61 1111 5	I I I anna I I Addition
	DELETE	61 TITLE	Change Addition
	☐ DELETE	6.2 NAME	∟ Change ∟ Addition
STREET ADDRESS CITY - ST- ZIP	DELETE		□ Change □ Addition

4. I bereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Males M. Druxer JuCharles M. Bruner 1-5-92

401-892-239