FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:27

REMITTED BY MAY 1

DOCUMENT # P94000087781 (8)

1. Corporation Name

BRUTON'S COMPUTER SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 258 MORRISTON FL 32668	P.O. BOX 258 MORRISTON FL 32668

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 12/02/1994
3a. Date of Last Report:

4. FEI Number: 59-3442770 ~~263-94-6993~~ — 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes. ✓ Yes ☐ No

2. Principal Office Address / 2a. Mailing Address

21 Street: 31 North Main St
22 Suite, Apt #, etc.:
23 City & State: Williston, Florida
24 Zip: 32696
25 County: Levy
26–30: (blank)

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Glenn Bruton
82 Street Address (P.O. Box Number is Not Acceptable): SE 197 CT + 35Th STREET
83
84 City: Morriston, FL
85 Zip Code: 32668

11. Pursuant to the provisions of sections 607.0502, 617.0502, 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 sections 607.0505, Florida Statutes.

SIGNATURE: [signature] PRESIDENT — 5/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	TITLE	President
NAME	Glenn Bruton	NAME	Glenn Bruton
STREET ADDRESS	P o Box 258	STREET ADDRESS	19790 SE 197 CT
CITY-ST-ZIP	Morriston, Florida 32668	CITY-ST-ZIP	MORRISTON, Fla 32668
TITLE	Secretary	TITLE	
NAME	Mary Bruton	NAME	Mary Bruton
STREET ADDRESS	P.O Box 258	STREET ADDRESS	19790 SE 197 CT
CITY-ST-ZIP	Morriston, Florida 32668	CITY-ST-ZIP	MORRISTON, Fla 32668
TITLE	Vice President	TITLE	
NAME	Mary Bruton	NAME	Mary Bruton
STREET ADDRESS	P.O. Box 258	STREET ADDRESS	19790 SE 197 CT
CITY-ST-ZIP	Morriston Florida 32668	CITY-ST-ZIP	MORRISTON, Fla 32668
TITLE	Treasurer	TITLE	
NAME	Glenn Bruton	NAME	Glenn Bruton
STREET ADDRESS	P.O. Box 258	STREET ADDRESS	19790 SE 197 CT
CITY-ST-ZIP	Morriston, Florida 32668	CITY-ST-ZIP	MORRISTON, Fla 32668
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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] GLENN BRUTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0470600 FP