

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000087781 (8)

1. Corporation Name

BRUTON'S COMPUTER SERVICES, INC.



Principal Place of Business

Mailing Address

31 NORTH MAIN ST.  
MORRISTON FL 32696  
US

P.O. BOX 258  
MORRISTON FL 32668

2. Principal Place of Business

2a. Mailing Address

21 Bruton's Computer Services, Inc.  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 31 North Main Street  
City & State

27 City & State

23 Tallahassee, Florida  
Zip

28 City & State  
Zip Country

24 32696  
Country

25 29  
29 Zip Country

g. Name and Address of Current Registered Agent

BRUTON, GLENN  
SE 197 CT 35TH STREET  
MORRISTON FL 32668

3. Date Incorporated or Qualified  
12/02/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-3042770

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BRUTON, GLENN  
STREET ADDRESS P.O. BOX 258  
CITY-ST-ZIP MORRISTON FL

TITLE S ☐ DELETE

NAME BRUTON, MARY  
STREET ADDRESS P.O. BOX 258  
CITY-ST-ZIP MORRISTON FL

TITLE VP ☐ DELETE

NAME BRUTON, MARY  
STREET ADDRESS P.O. BOX 258  
CITY-ST-ZIP MORRISTON FL

TITLE T ☐ DELETE

NAME BRUTON, GLENN  
STREET ADDRESS P.O. BOX 258  
CITY-ST-ZIP MORRISTON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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: *Glenn Bruton* GLENN BRUTON

1-15-96 352-528-0028

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)