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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000014502	(5)
1. Cornoration Name		• •

GREG BRUNSMAN INC. Mailing Address Principa! Place of Business 42 DOLPHIN CIR. 42 DOLPHIN CIR. NAPLES FL 33962 NAPLES FL 33962 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country 2ω ☐ Yes ☐ No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SOUTHWEST PROFESSIONAL SERVICES OF FT MYER 82 Street Address (P.O. Box Number is Not Acceptable) DAVE GOLDBERG 83 13611 MCGREGOR BLVD, SUITE #3 FORT MYERS FL 33919 85 Zip Code 84 City 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition BRUNSMAN 1. 1 Tifl. F TITLE CR2E034 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS NAPLES, FL 33962 1.4 CHY-ST-ZIP CITY-ST-7(P Addition [] DELETE 2 1 THEF T:TLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - S1 - ZIP CITY - ST-ZIP Change Addition DELETE 3 1 WILE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CUTY - S1 - ZUF CHY-ST-ZIE Addition Change DELFTE 4 1 7111.6 DILE 4.2 NAME NAME 4.3 STREET ADDRESS

6.4 C-1Y - ST - Z-P 011Y - ST - 7IP 14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not quilify for the exemption stated in Section 119.07(3)(b). 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 certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name hanged, or on an attachment with an address appears in Block 12 or Block 1

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5.3 STREET ADDRESS

5.4 City - St - ZiP

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6.2 NAME 6.3 STREET ADDRESS.

STREET ACORESS

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CHY-ST-ZIP

CRY-ST-ZIP

TITLE

NAME

TITLE

FICER OR DIRECTOR

DELETE

DELETE

3/25/96 941-394-7483

Change

☐ Change

[] Addition

☐ Addition