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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021083 (7)

BRUCE AND ASSOCIATES, INC.

FILED Mar 26 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 2656 SABAL SPRGS DR #2 2656 SABAL SPRGS DR #2 **CLEARWATER FL 34621 CLEARWATER FL 34621** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1995 Applied For 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 59-3302010 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Country Yes Yes ☐ No Personal Property Tax due June 30. 30 25 29 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 BRUCE, JAMES R 2656 SABAL SPRGS DR #2 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 3482+ 3374/ 83 Zip Code 84 City 85 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 registored 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 DATE Signature, typed or printed name of migistered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change TITLE DELETE 1.1 TITLE BRUCE, JAMES R 1.2 NAME NAME 2656 SABAL SPRGS DR #2 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 1.4 CITY - ST - ZIP CITY+ST-ZIP ANIDA BRUCE U.P. DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2656 SABAL SPRINGE DR 42 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change ■ DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 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 comporation 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 it changed, or one appears in the same legal effect as if made under oath; that I am an officer or director of the comporation 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 it changed, or one appears in the same legal effect as if made under oath; that I am an officer or director of the comporation 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 it changed.

SIGNATURE:

3/19/98