

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90215 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000065739

1. Corporation Name
BRUCE BRUST, INC.

Principal Place of Business 13891 JETPORT LOOP SUITE 19 FORT MYERS FL 33913	Mailing Address 13891 JETPORT LOOP SUITE 19 FORT MYERS FL 33913
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1995

4. FEI Number
22-2273017

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 6460 TOPAZ COURT

27 City & State

28 FORT MYERS, FL

29 Zip

Country

30 33912

9. Name and Address of Current Registered Agent

BRUST, BRUCE
13891 JETPORT LOOP
SUITE 19
FORT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name

BRUST, BRUCE

82 Street Address (P.O. Box Number is Not Acceptable)

6460 TOPAZ COURT, UNIT A

83

84 City

FORT MYERS

FL

85 Zip Code
33912

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	D	<input type="checkbox"/> DELETE
NAME	BRUST, BRUCE	
STREET ADDRESS	13891 JETPORT LOOP, SUITE 19	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	PVST	<input type="checkbox"/> DELETE
NAME	BRUST, BRUCE	
STREET ADDRESS	13891 JETPORT LOOP, SUITE 19	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUST, BRUCE	
1.3 STREET ADDRESS	6460 TOPAZ COURT, UNIT A	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
2.1 TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRUST, BRUCE	
2.3 STREET ADDRESS	6460 TOPAZ COURT, UNIT A	
2.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)