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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

0:1Y-51-24P

SIGNATURE:

appears in Block 12 or Block 13 if change



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014656 (8)

BRUYN & ASSOCIATES, INC.

4090 PINE RUN CIRCLE 4080 PINE RUN CIRCLE ST. AUGUSTINE FL 32086-5856 ST. AUGUSTINE FL 32086 3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 C ty & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zισ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 30 Florida Statutes ☐ No 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRUYN, DAVID B 4080 PINE RUN CIRCLE 82 Street, Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32086 83 City 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.05:02 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 Londa. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sign core, type for prefed racin, of requirement agent and for if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. DELETE ☐ Change PTD FI TILLE TITLE BRUYN, DAVID B 1.2 NAME 4080 PINE RUN CIRCLE 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32086 City - St - ZiF 1.4 CITY - ST - ZIP DELETE Change Addition VSD 21 TITLE 1016 BRUYN, JESSIE 22 NAME NAME 4080 PINE RUN CIRCLE 2.3 STREET ADDRESS STREEL ADDRESS ST. AUGUSTINE FL 32086 CITY ST ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE Change Addition 1151 E 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST-DELETE Change Addition TIME 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-S1-74P DELETE Change Addition 5.1 TITLE 7111.5 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS ECTY-ST ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition THEF NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 City-St-ZiP

14. High 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 supplierental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

attachment with an address

TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 24 1997 8:00am
Secretary of State

