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

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Zip

PROFIT CORPORATION ANNUAL REPORT

1998

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000056780 (4)

BRUCE'S QUALITY MAINTENANCE, INC.

Country

9. Name and Address of Current Registered Agent

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9 1	:			
	Principal Place of Business	Mailing Address	n indiliaku sta sarin tanir anisi dasir daliri daliri daliri daliri d	IIIO ONIN 18001 HOLII ERIL IQO
er Grander Grander	2181 HAINLIN CT. DELTONA FL 32738	2161 HAINLIN CT. Deltona Fl 327 38	DO NOT WRITE IN THIS	S SPACE
*			3. Date Incorporated or Qualified 06/27/1997	-
•	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo
2	21	26	593 257 235	Not Applica
 	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additions Fee Required
	City & State	City & State	6. Election Campaign Financing	\$5.00 May Ba

81 BUDD, BRUCE M 2161 HAINLIN CT. Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32738**

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Country

	R3			
	84	City	85	Zip Code
e al	2006	-named corporation submits this statement for the purpose of c	han	aino its rea

Trust Fund Contribution

10. Name and Address of New Registered Agent

FILED

Apr 17 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees

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.

agont. 1 a	in territary vital, and accept the divigations	91, 3601019007 0303, 116	onda otatoles.		90	
SIGNATURE	Signature, typed or printed name of registered agent and i		BRUCE M. BU F. Registered Agent signatura requi		-7E	
12.	OFFICERS AND DIR	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	1S IN 12
TITLE	Ō	DELE TE	1.1 TITLE		☐ Change	Additio
NAME	BUDD, BRUCE M		1.2 NAME			
STREET ADDRESS	2161 HAINLIN CT.		1.3 STREET ADDRESS			
CITY-\$T-ZIP	DELTONA FL 32738		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 TITLE		Change	Additio
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Additio
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	*	Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	:		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 chapter 1, or on an attachment with an address.