

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S02382 (7)**

1. Corporation Name:  
**JOHN L. BRUCE CONSTRUCTION COMPANY, INC.**



Principal Place of Business: **2132 FREDERICK STREET NAPLES FL 33962**  
Mailing Address: **2132 FREDERICK STREET NAPLES FL 33962**

3. Date Incorporated or Qualified: **09/26/1990** 3a. Date of Last Report: **05/16/1995**  
4. FEI Number: **65-0216259** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. State, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**BRUCE, JOHN L.  
2132 FREDERICK ST  
NAPLES FL 33962**

**10. Name and Address of New Registered Agent**

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both of 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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* **JOHN L. BRUCE** President **2-19-96** DATE

**12. OFFICERS AND DIRECTORS**

DELETE

**P**  
TITLE: \_\_\_\_\_  
NAME: **BRUCE, JOHN L.**  
STREET ADDRESS: **2132 FREDERICK STREET**  
CITY, ST, ZIP: **NAPLES FL**

DELETE

**V**  
TITLE: \_\_\_\_\_  
NAME: **LOPEZ, MARTIN S.**  
STREET ADDRESS: **3406 POINCIANA STREET**  
CITY, ST, ZIP: **NAPLES FL**

DELETE

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

DELETE

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

DELETE

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

11. TITLE: \_\_\_\_\_  
12. NAME: \_\_\_\_\_  
13. STREET ADDRESS: \_\_\_\_\_  
14. CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

17. TITLE: \_\_\_\_\_  
18. NAME: \_\_\_\_\_  
19. STREET ADDRESS: \_\_\_\_\_  
20. CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

25. TITLE: \_\_\_\_\_  
26. NAME: \_\_\_\_\_  
27. STREET ADDRESS: \_\_\_\_\_  
28. CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

31. TITLE: \_\_\_\_\_  
32. NAME: \_\_\_\_\_  
33. STREET ADDRESS: \_\_\_\_\_  
34. CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

37. TITLE: \_\_\_\_\_  
38. NAME: \_\_\_\_\_  
39. STREET ADDRESS: \_\_\_\_\_  
40. CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

45. TITLE: \_\_\_\_\_  
46. NAME: \_\_\_\_\_  
47. STREET ADDRESS: \_\_\_\_\_  
48. CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

51. TITLE: \_\_\_\_\_  
52. NAME: \_\_\_\_\_  
53. STREET ADDRESS: \_\_\_\_\_  
54. CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

59. TITLE: \_\_\_\_\_  
60. NAME: \_\_\_\_\_  
61. STREET ADDRESS: \_\_\_\_\_  
62. CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

65. TITLE: \_\_\_\_\_  
66. NAME: \_\_\_\_\_  
67. STREET ADDRESS: \_\_\_\_\_  
68. CITY, ST, ZIP: \_\_\_\_\_

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 deleted), or in an attachment to this filing.

SIGNATURE: *[Signature]* **Pros** **2-19-96** **941** **793-4957**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)