

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S54698** (3)

1. Corporation Name

R. BRUNI HOMES, INC.

APPROVED
AND
FILED

95 MAY -1 AM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6332 MARINER BLVD.
SPRING HILL FL 34609
US**

Mailing Address
**6332 MARINER BLVD.
SPRING HILL FL 34609
US**

3. Date Incorporated or Qualified **05/16/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business
21 13398 WILBURTON ST.

2a. Mailing Address
26 13398 WILBURTON ST.

4. FEI Number **59-3066176** Applied For ☐ Not Applicable ☐

State Apt # etc

State Apt # etc

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUNI, RUDOLPH
6332 MARINER BLVD.
SPRING HILL FL 34609**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **13398 WILBURTON ST.**
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1504, 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 Sections 607.0504, Florida Statutes.

SIGNATURE

Signature of Agent (print name)

Signature of Registered Agent (print name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 NAME **DP BRUNI, RUDOLPH**
102 STREET ADDRESS **6332 MARINER BLVD.**
103 CITY, ST, ZIP **SPRING HILL FL**
104 NAME **ST BRUNI, PATRICIA R.**
105 STREET ADDRESS **6332 MARINER BLVD.**
106 CITY, ST, ZIP **SPRING HILL FL**

111 NAME ☒ Change ☐ Addition
112 STREET ADDRESS **13398 WILBURTON ST.**
113 CITY, ST, ZIP
121 NAME ☒ Change ☐ Addition
122 STREET ADDRESS **13398 WILBURTON ST.**
123 CITY, ST, ZIP
131 NAME ☐ Change ☐ Addition
132 STREET ADDRESS
133 CITY, ST, ZIP
141 NAME ☐ Change ☐ Addition
142 STREET ADDRESS
143 CITY, ST, ZIP
151 NAME ☐ Change ☐ Addition
152 STREET ADDRESS
153 CITY, ST, ZIP
161 NAME ☐ Change ☐ Addition
162 STREET ADDRESS
163 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(k), Florida Statutes. I further certify that the information included 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 this 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 or as an attachment with an address.

SIGNATURE: X *Rudolph Bruni*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUDOLPH BRUNI 5x1-95 904-683-4347
Date: Signature of Agent