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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H88244

(9)

BRADSHAW REALTY, INC.

	-	FILEI	)
Sep	17	1998	8:00am
Se	ecre	etary c	of State

Principal Place 920 W ZEPH P O BOX 193 INVERNESS I	75	Mailing Address 920 W. ZEPHYR ST. P O BOX 1975 HVERNESS FL 34451-1978 US	,	DO NOT WRITE IN  3. Date Incorporated or Qualified	
				12/05/1985	
<del> </del>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2610675	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & Stato		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution  8. This corporation owes or has paid the second of the second	
24	25		30	Personal Property Tax due June 30.	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Regist	
PL	AISTED, NANCY L.		81 Name		
	W. ZEPHYR ST.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
INV	ERNESS FL 34451		83		
			[83]		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.03	502 and 607.1508, Florida Statute	s, the above-named co	rporation submits this statement for the purp	ose of changing its registered
SIGNATURE	Signature, typed or printed name of registered a		ida Statutes.  Registered Agent signature req	ation's board of directors. I hereby accept the ured when reinstating)  ADDITIONS/CHANGES TO OFFICERS	DATE
TOTLE	PD 0111011	DELETE	1.1 TITLE	ADDITIONO/CHANGES TO OFFICER	Change Addition
NAME	PLAISTED, NANCY L.		1.2 NAME		
STREET ADDRESS	920 W. ZEPHYR STREET		1.3 STREET ADDRESS		
CHY-ST-ZIP	INVERNESS FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-7IP 3 1 TITLE		Change Addition
NAME			3.2 NAME		- Tribution
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(TY - ST - ZIP		
TITLE		☐ DELETE	4.1 TRILE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELFTE	4.4 CITY - ST - ZIP		Channe Laure
NAME			5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-Si-ZiP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
					F 4.1-192

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 logal 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP