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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M66210

1. Corporation Name

BRADSHAW & BRADSHAW, P.A.

Principal Place of Business	Principal Place of Business  C/O D. ROBERT BRADSHAW 2107 SE 3RD AVE OCALA FL 34471-5118 US  2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Date Incorporated or Qualifed 01/25/1988  4. FEI Number 59-2869533  Not Applie 50-2869533  Not Applie 50-2869533	For plicable ional ad Be es
2107 SE 3RD AVE OCALA FL 34471-5118 US  22 Principal Place of Business 23 Mailling Address 24 Mailling Address 25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Total Place of Status Desired 21 City & State 22 City & State 23 Country 24 25 29 30 Country 25 29 30 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Country 21 Country 22 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Country 21 Country 22 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Country 20 Country 21 Country 21 Country 22 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Country 22 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Certificate of Status Desired 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 30 Certificate of Status Desired 31 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 33 Date Incorporation 34 Suite, Apt. #, etc. 35 Certificate of Status Desired 35 Suite, Apt. #, etc. 36 Suite, Apt. #, etc. 37 Suite, Apt. #, etc. 38 Suite, Apt. #, etc. 39 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 33 Suite, Apt. #, etc. 34 Suite, Apt. #, etc. 35 Suite, Apt. #, etc. 36 Suite, Apt. #, etc. 37 Suite, Apt. #, etc. 38 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 34 Suite, Apt. #, etc. 35 Suite, Apt. #, etc. 36 Suite, Apt. #, etc. 37 Suite, Apt. #, etc. 38 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 33	2107 SE 3RD AVE	plicable ional ad Be es
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21	21 26 59-2869533 Not Ap. 25 Suite, Apt. #, etc.  Suite, Apt. #, etc.  22 City & State City & State 28 Country Zip Country 21 Zip Country 22 Zip Country 25 Zip Country 26 Country 27 Since Country 28 Country 29 30 Since Country 30 Name and Address of Current Registered Agent 30 Not Ap. 25 Additional Status Desired Teleproperty Financing Trust Fund Contribution Added to	plicable ional ad Be es
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Signature Not Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  11. 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typad or protect name of registered agent and title if applicable. (NOTE: Registered Agent signature reguired when reinstating)  DATE  Addition Fee Required  6. Election Campaign Financing Trust Fund Contribution  Country  Strins corporation covers the current year Intangible Personal Property Tax.  Strins corporation was the current year Intangible Personal Property Tax.  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  11. 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 register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent signature reguired when reinstating)  DATE  12. OFFICERS AND DIRECTORS	Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Signature  S	ional ad Be es
See Required   See	5. Certificate of Status Desired Fee Requirement of Status Desired Fee Req	Be es
City & State  City & Country  Country  Added to Fees  Trust Fund Contribution  Added to Fees  Trust Fund Contribution  Added to Fees  Added to Fees  April Personal Property Tax.  April Personal Prop	22 City & State City & State  City & State  28 Country  Zip Country  Zip Country  Zip Country  Zip Country  Zip Country  30 B. Election Campaign Financing Trust Fund Contribution Added to Form Added to Form B. This corporation owes the current year Intangible Personal Property Tax.  39 Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent	Be es
Zip Country Zip Country B. Trust Fund Contribution Added to Fees Zip Country Added to Fees Zip Country B. Trust Fund Contribution Added to Fees Zip Country B. Trust Fund Contribution Added to Fees Zip Country B. Trust Fund Contribution Added to Fees Resonal Property Tax. Zip Yes No Personal Property Tax. Zip Yes No No ROBERT 2107 SE 3RD AVE OCALA FL 34471  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  11. 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 register 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.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN	Trust Fund Contribution Added to Form Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	es
Zip Country  Zip Country  8. This corporation owes the current year Intangible Personal Property Tax.  9. Name and Address of Current Registered Agent  BRADSHAW, D. ROBERT 2107 SE 3RD AVE OCALA FL 34471  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  11. 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.	Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent	
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9. Name and Address of Current Registered Agent  BRADSHAW, D. ROBERT 2107 SE 3RD AVE OCALA FL 34471  82 Street Address (P.O. Box Number is Not Acceptable)  83	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	10 i
BRADSHAW, D. ROBERT 2107 SE 3RD AVE OCALA FL 34471  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS II.	g, Hallie dite Addition of Salitation (Agents - 1981)	
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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 changed, or on an adactingent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

352/351-0003