

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G26239** (5)

1. Corporation Name

BRADFORD TRI-COUNTY MARKETING, INC.



Principal Place of Business

5686 YOUNGQUIST RD #A7
P.O. BOX 205 BRANCH ONE
FT MYERS FL 33931
US

Mailing Address

5686 YOUNGQUIST RD #A7
P.O. BOX 205 BRANCH ONE
FT MYERS FL 33931
US

3. Date Incorporated or Qualified
03/03/1983

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 **Fort Myers Beach, FL**

24 Zip **33931**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 **Fort Myers Beach, FL**

29 Zip **33931**

4. FEI Number

59-2272339

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

9. Name and Address of Current Registered Agent

DENISON, JUNE M.
170 CURLEW ST.
FT. MYERS FL 33931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

120 Curlew Street.

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 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.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **BRADFORD, JAMES M**
STREET ADDRESS **170 CURLEW ST.**
CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE **DVS** ☐ DELETE

NAME **DENISON, JUNE M**
STREET ADDRESS **170 CURLEW ST.**
CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE **D** ☐ DELETE

NAME **DENISON, JOYCE**
STREET ADDRESS **3085 UNIQUE CR SW**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

120 Curlew Street

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

120 Curlew Street.

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address.

SIGNATURE:

June M. Denison, V. Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (941) 463-4055
Date Daytime Phone #

CR2E034 (12/95)