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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 390688

(0)

**BRADLEY CONSTRUCTION COMPANY** 

Principal Place of Business

**SIGNATURE:** 

Mailing Address

2144 SE HARLOW ST PT. ST. LUGHE FL 34952

693 DAVIS ACRES DR. W. JEFFERSON NC 28694



Daytime Phone #

V			US								
							3. Date Incorporated or Qualified 11/01/1971	<b>3a.</b> D	ate of Last 03/10/1	,	
2. Principal Pla	ice of Business ZSEEDa	E-4.	2a. Mailing Address				4. FEI Number			Applied For	
		K MOOD D	<del></del>				59-1439414			Not Applicable	
Suite, Apt. #, etc.         Suite, Apt. #, etc.           12         27							5. Certificate of Status Desired			5 Additional Required	
City & State City & State City & State							6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
4 3 4 9	Country SA 29 30					6. This corporation has liability for intangible tax under s 199.032, Florida Statutes					
	9. Name and Ad	idress of Curren	t Registered Agent				10. Name and Address of New Re	egistere	d Agent		
		•			81	Name			· · · <del>· · · · · · · · · · · · · · · · </del>		
WACKEEN, W. THOMAS						82 Street Address (P.O. Box Number is Not Acceptable)					
41 E. OCEAN BLVD. STUART FL 33494						52 Street Address (F.O. Dox Number is Not Acceptable)					
										<del></del>	
					64	City		F		Zip Code	
or registere	o agent, or both, in	the State of Florid	and 607,1508, Florida Stat la. Such change was autho on 607.0505, Florida Statut	rizea by the c	ve-na corpo	amed corpora oration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	oose of c intment	hanging its as registere	registered office id agent. I am	
SIGNATURE _	Signature, typed or printed r	name of registored events	and title d sonligable	NOTE: Booktored	Ancat	signatura required					
12.	and a types of parties i	OFFICERS AND		13.	Agent	e and restruction	ADDITIONS/CHANGES TO OFFIC	DATE	ID DIRECT	ODS IN 12	
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NAME									☐ Change	☐ Addition	
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NAME				6.2 NA	ViE						
STREET ADDRESS				6.3 STF	REET A	ADDRESS					
CITY - S7 - ZIP				6.4 CIT	Y - ST-	- ZIP					
ceruly triat t	ine mormation indic	ateo on this annua	al report or supplemental an	inual recort is	. true	and accurate	r the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Flor	ame lega ida Stati	al effect as : utes; and th	if made under	