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

1. Corporation Name

DOCUMENT # 452712

(3)

	CV BBIOE	ILIOURD ANIOE	11.40
BRADI	EY-PHICE	INSURANCE.	ING.

Principal Place of Business Mailing Address	BRADL	EY-PHICE INSUHANCE, I	NC.						
PO DRAWER H OREEN COVE SPRIGS R. 32043 2. FINCHAR Face of Exchange 2. FINCHAR Face of Exchange 2. FINCHAR Face of Exchange 2. Store, April 8, CC South, April 8, CC	Principal Place o	f Business	Mailing Address				I TODANIC RIDGE GUINN HOURT INCO	IO HOL BIBIK OIDIK OIDIK	01011 01011 0f0ff 100f
2. Maning Pakene 2. Maning Cakene 3. Self-Apt 8, etc. 3. Self-Apt	203 ORANGE AVE. S PO DRAWER H		PO DRAWER H	PO DRAWER H		Date Incorporated or Qualified			
Suite, Apil. P. CC Suite Suite, Apil. P. CC Suite, Apil.								01/17	/1995
Solition	r 1	e of Business	F1					ļ	+
22 27 28 28 28 28 28 30 500 County 500 Cou		ete						\$8.7	
22	22		- F - 1	· k			5. Certificate of Status Desired		
Zep			F1						
PRICE, JAMES S. 203 ORANGE AVE S. GREEN COVE SPRINGS FL 32043 81 Name 82 Street Address IP O. Box Number is Not Acceptable) 85 Zip Code 85 City Response to the provisions of Sections 507 Code and 607 1508, Florida Stabulas, the above ranned corporation submits this statement for the purpose of changing its registered office for the with and accept the obligations of, Section 607 0005 in 607 Florida Stabulas, the above ranned corporation submits this statement for the purpose of changing its registered agent. I am SCHANUR and accept the obligations of, Section 607 0005 its reduction to the provisions of Section 607 0005 its reduction for Section in the statement for the purpose of changing its registered agent. I am SCHANUR with and accept the obligations of, Section 607 0005 its reduction that with and accept the obligations of, Section 607 0005 its reduction for the purpose of changing its registered agent. I am SCHANUR with and accept the obligations of, Section 607 0005 its reduction for the purpose of changing its registered agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a with a complete agent. I am SCHANUR with a complete agent in a complete agent. I am SCHANUR with a complete agent. I am SCHANUR with a complete agent in a complete with a complete agent. I am SCHANUR with a complete agent in a co	Zip	₁	h	₩,	intry				s 199.032,
PRICE, JAMES S. 203 ORANGE AVE S. GREEN COVE SPRINGS FL 32043 44 City FL 85 ZP Code 11. Pursuant to the provisions of Sectors 607 0502 and 607.1508, Renda Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of I brids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the edippoint of prediction (607 0505, Renda Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent. I am female with an accept the edippoint of prediction (607 0505, Renda Statutes). The statutes are registered agent and accept the edippointment as registered agent. I am female agent agent and accept the edippointment as registered agent. I am female agent agent agent and accept the appointment as registered agent. I am female agent		9. Name and Address of Curre					10. Name and Address of New Re	gistered Agent	
203 ORANGE AVE S. GREEN COVE SPRINGS FL 32043 88 89 84					81	Name			
GREEN COVE SPRINGS FL 32043 64 City					82	Street Add	ress (P.O. Box Number is Not Acceptabl	9)	
Section Sect					83				
11. Fursuant to the provisions of Sections 607.002 and 607.1508. Florids 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 Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am factorist the cologians on Science 607.0056, Florids Statutes, and accept the appointment as registered agent. I am factorist the cologians of Science 607.0056, Florids Statutes. In the corporation's board of directors. Thereby accept the appointment as registered agent. I am factorist the cologians of Science 607.0056, Florids Statutes. In the corporation's board of directors. Hereby accept the appointment as registered agent. I am factorist the cologians of Science 607.0056, Florids Statutes. In the corporation's board of directors. Hereby accept the appointment as registered agent. I am factorist beard of the cologians of Science 607.0056, Florids Statutes. In the corporation's board of directors. Hereby accept the appointment as registered agent. I am factorist beard of Great age	GREEN	COVE SPHINGS PL 32043							-
or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fetralia with, and accept the obligations of Scortin (RT)					84	City			Zip Code
12. OF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. NAME Change Addition NAME PRICE, JAMES S 12. NAME Change Addition NAME PRICE, JAMES S 12. NAME Change Addition NAME STATE CHANGES COLVES PRICES CHANGES NAME GARRARD, PEGGY S 22. TINE Change Addition NAME GARRARD, PEGGY S 22. TINE Change Addition NAME GARRARD, PEGGY S 22. TINE Change Addition NAME GARRARD, PEGGY S 23. STREET ADDRESS NAME GARRARD, PEGGY S 24. CHY-SI-ZP NAME GREEN COVE SPRINGS FL 24. CHY-SI-ZP NAME GARRARD, PEGGY S 24. CHY-SI-ZP	l or registered	d agent, or both, in the State of Flori	ida. Such change was authora	ed by the o	ove-r corp	named corpor oration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	oose of changing it intment as register	s registered office red agent. I am
12	SIGNATURE					<u>.</u>			
PD					Ager	1 signature require			TORS IN 12
NAME	h				ITLE				
Change	NAME			12 N	AME				
ST	STREET ADDRESS			135	THEET	ADDRESS			
NAME GARRARD, PEGGY S. 22 NAME	h					T-ZIP			
STAFF ADDRESS 203 ORANGE AVE, S. 23 STREET ADDRESS 24 CITY-S1-2IP	l i		□ DETEN					∐ Chang	e L Addition
Change	1					*DODCCC			
DELETE DELETE 3 TITLE Change Addition									ŀ
SPECIADORESS STREET ADDRESS STREET	h	GREEN COVE OF RINGS I				11-511		Chang	je 🔲 Addition
3.3 STREET ADDRESS 3.4 CHY-ST-ZIP									
STREET ADDRESS STRE	l i			3.3 \$	TREE	1 ADDRESS			i
DELETE	l i			34C	<u> </u>	IT-ZIP			
SIREFI ADDRESS CITY-ST-7IP DELETE DELETE 5 1 TITLE Change Addition 52 NAME SHEET ADDRESS C-TY-ST-7IP DELETE 5 1 TITLE 5 2 NAME 5 3 SHEET ADDRESS C-TY-ST-7IP DELETE 6 1 TITLE Change Addition Change Addition Change Addition 6 2 NAME SHEET ADDRESS C-TY-ST-7IP 1 TITLE SHEET ADDRESS C-TY-ST-7IP TITLE SHEET ADDRES			DELETE	4 1 1	ILE			Chang	je 🔲 Addition
CITY-ST-ZIP TITE TITE DELETE 5 1 TITE 5 1 TITE Change Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 5 1 TITE 5 NAME 5 NAME 5 NAME 5 NAME 5 NAME 6 1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 10 Change Addition 6 NAME STREET ADDRESS CITY-ST-ZIP 14 I do hereby certify that the information supplied with this fitting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further	NAME			4 2 N	AME				
THEF DELETE 5 1 TITLE Change Addition	STREET ADDRESS			4.3 S	TREET	ADDRESS			
NAME STREET ADDRESS C-TY-ST-7P THEE DELETE DELETE 6 1 THEE Change Addition NAME STREET ADDRESS C-TY-ST-7P 10 Addition NAME STREET ADDRESS C-TY-ST-7P 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further	C(11 - ST - Z(f)			440	IIY-S	ST - ZIP			
SHEEL ADDRESS CHY-SL-ZP THEE DELETE 54 CHY-SL-ZIP THEE DELETE 6 1 THEE SHEEL ADDRESS CHY-SL-ZIP 63 STREET ADDRESS CHY-SL-ZIP 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further	TITEF		DELETE			1		[☐ Chang	ge [Addition
CHY-SI-7P DELETE 54 CHY-SI-7IP 6 1 THEE 6 1 THEE Change Addition 62 NAME SHRELL ADDRESS GHY-SI-7IP 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), Fiorida Statutes. I further	1								
THE DELETE 6 1 THE Change Addition NAME SIRFEL ADDRESS GIY-S1-ZIP 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further	1								
NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further	f		The new trees.			ST-ZIP		FT Chang	Sa □ Addition
SIRFH ADDRESS GIY-S1-ZIP 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	<u> </u>		LT DEFEIG					Cuant	r □ roomon
64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further				R		L ADDOLOG			
14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	l I								
		certify that the information supplied	with this filing is voluntarily fur	nished and	doe	s not qualify t	for the exemption stated in Section 119.	07(3)(k), Florida Sta	atutes. 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 it 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: JAMES S PRICE SIGNATURE AND TYPED OR PRINTED NAME OF

1/17/96 904/284-9013
Destire Prone >