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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 480713 1. Corporation Name

BRADLEY REALTY, INC.

Mailing Address	
3409 SE 13TH STREET OCALA FL 34471	
	3409 SE 13TH STREET

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90104 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/16/1975 4. FEI Number Applied For 26 59-1619301 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRADLEY, SHERRI S 3409 SE 13ST 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34471** 83 City 84 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition BRADLEY, SHERRI S. NAME 1.2 NAME STREET ADDRESS 3409 SE 13ST 1.3 STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 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 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP ☐ DELETE 4 1 TITLE ☐ Change ☐ Addition VAME STREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CITY-ST-ZIP TT F DELETE 5.1 TITLE ☐ Change Addition IAME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS ITY-ST-ZIP 5.4 CITY-ST-ZIP ITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition AME 6.2 NAME TREET ADDRESS 6.3 STREET ADDRESS TY-ST-ZIP 6.4 CITY-ST-ZIP

4. I hereby certify that the information supplied with this filling 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 effect 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, with all other like empowered.

'IGNATURE:

SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)