2002 UNIFORM BUSINESS REPORT (UBR) Feb 24, 2002 8:00 am

DOCUMENT # 485106 **Secretary of State** 1. Entity Name 02-24-2002 90040 048 ***150.00 BRADLEY'S GROCERY, INC. Principal Place of Business Mailing Address 17 WEST WASHINGTON STREET 17 WEST WASHINGTON STREET CHATTAHOOCHEE FL 32324 CHATTAHOOCHEE FL 32324 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1627225 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -- 7. Name and Address of New Registered Agent BRADLEY, JOSEPH T JR Street Address (P.O. Box Number is Not Acceptable) 411 MORGAN AVENUE CHATTAHOOCHEE FL 32324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE NAME BRADLEY, JOSEPH T JR NAME

CR2E034

CITY-ST-ZIP	CHATTAHOOCHEE FL		CITY-ST-ZIP		_
THTLE NAME STREET ADDRESS. CITY-ST-ZIP	ST BRADLEY, CLYDINE B 903 SPRING LANE CHATTAHOOCHEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADLEY, JOSEPH T 903 SPRING LANE CHATTAHOOCHEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradley, Marie G 411 Morgan Avenue Chattahoochee Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

IGNITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICEROOF

4. Jr.

850-663- 2121

Daytime Phone #