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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 549738 (3)

1. Corporation Name

**BRADLEY JOHNSON NELSON & LAURENT, P.A.
BRADLEY JOHNSON LAW FIRM, P.A.**

Principal Place of Business

Mailing Address

**225 E PARK AVENUE
PO BOX 1280
LAKE WALES FL 33853**

**225 E PARK AVENUE
PO BOX 1280
LAKE WALES FL 33853**

3. Date Incorporated or Qualified

10/20/1977

3a. Date of Last Report

04/19/1994

4. FEI Number

59-1768463

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 §. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**WHITE, J. NORMAN
225 E. PARK AVENUE
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of typed or printed name of registered agent and the filer/submitter

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **TERRY, CLAY A**
STREET ADDRESS **225 E PARK AVE**
CITY ST ZIP **LAKE WALES FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
100001474361
-05/03/95 01171--008
******200.00 ****200.00**

TITLE **VD**
NAME **WILLIAMS, ROBERT L., JR.**
STREET ADDRESS **225 E PARK AVE**
CITY ST ZIP **LAKE WALES FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **VD**
NAME **WHITE, J NORMAN**
STREET ADDRESS **225 E PARK AVE**
CITY ST ZIP **LAKE WALES FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE **VPD**
NAME **SMITH, MARK H**
STREET ADDRESS **225 E PARK AVE**
CITY ST ZIP **LAKE WALES FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE **VD**
NAME **LAURENT, JOHN F.**
STREET ADDRESS **650 EAST DAVIDSON STREET**
CITY ST ZIP **BARTOW FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE **STD**
NAME **HUNT, ANDREW D**
STREET ADDRESS **225 E. PARK AVE.**
CITY ST ZIP **LAKE WALES FL**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

*5/1/95
MST*

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, changed, or on an attachment with an address.

SIGNATURE: *Clay A Terry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1995

(813) 676-1423