

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

**FILED**

**Mar 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 549738 (3)**

1. Corporation Name  
**BRADLEY JOHNSON LAW FIRM, P.A.**



Principal Place of Business      Mailing Address  
**225 E PARK AVENUE  
PO BOX 1260  
LAKE WALES FL 33853**      **225 E PARK AVENUE  
PO BOX 1260  
LAKE WALES FL 33853-3705**

3. Date Incorporated or Qualified: **10/20/1977**      3a. Date of Last Report: **03/08/1996**  
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 s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21. Sute, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      Country      29. Country      30. Country

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
**WHITE, J. NORMAN  
225 E. PARK AVENUE  
LAKE WALES FL 33853**  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      FL      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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>TERRY, CLAY A</b> <input type="checkbox"/> DELETE	1.1 TITLE: <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>GALLOWAY, ALBERT C, JR</b>
NAME: <b>TERRY, CLAY A</b>		1.2 NAME: <b>GALLOWAY, ALBERT C, JR</b>	
STREET ADDRESS: <b>225 E PARK AVE</b>		1.3 STREET ADDRESS: <b>225 E PARK AVE, LAKE WALES FL</b>	
CITY-ST-ZIP: <b>LAKE WALES FL</b>		1.4 CITY-ST-ZIP: <b>LAKE WALES FL</b>	
TITLE: <b>VD</b>	<b>WILLIAMS, ROBERT L., JR.</b> <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>WILLIAMS, ROBERT L., JR.</b>		2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>225 E PARK AVE</b>		2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <b>LAKE WALES FL</b>		2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>VD</b>	<b>WHITE, J NORMAN</b> <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>WHITE, J NORMAN</b>		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>225 E PARK AVE</b>		3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <b>LAKE WALES FL</b>		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>VPD</b>	<b>SMITH, MARK H</b> <input type="checkbox"/> DELETE	4.1 TITLE: <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SMITH, MARK H</b>
NAME: <b>SMITH, MARK H</b>		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>225 E PARK AVE</b>		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <b>LAKE WALES FL</b>		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>VD</b>	<b>LAURENT, JOHN F.</b> <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>LAURENT, JOHN F.</b>		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>650 EAST DAVIDSON STREET</b>		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <b>BARTOW FL</b>		5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>STD</b>	<b>HUNT, ANDREW D</b> <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>HUNT, ANDREW D</b>		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>225 E. PARK AVE.</b>		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <b>LAKE WALES FL</b>		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: ANDREW HUNT      **ANDREW HUNT**      Date: 3/7/97      Daytime Phone: 941 676-1423

CR2E034 (9/96)