FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **694238** **(7)**

1. Corporation Name
BRADFORD-JENNINGS & COMPANY

Principal Place of Business
3666 TAMIAMI TRAIL NORTH
207
NAPLES FL 33940
US

Mailing Address
3666 TAMIAMI TRAIL NORTH
207
NAPLES FL 33940
US

3. Date Incorporated or Qualified: **07/13/1981**
3a. Date of Last Report: **08/04/1995**

2. Principal Place of Business
21 365 HENLEY DR.
Suite, Apt. #, etc
22
City & State
23 NAPLES, FL
Zip
24 33942
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **38-2369337** ☐ 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

9. Name and Address of Current Registered Agent

JONES, MICHAEL P.
4501 N. TAMIAMI TR.
SUITE 304
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: HERBERT V. JENNINGS
82 Street Address (P.O. Box Number is Not Acceptable): 365 HENLEY DR
83
84 City: NAPLES **FL** 85 Zip Code: 33942

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] 5-29-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	☒ DELETE
NAME	JENNINGS, HERBERT	
STREET ADDRESS	3666 TAMIAMI TRAIL NORTH ,207	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	☒ DELETE
NAME	JENNINGS, CAROL	
STREET ADDRESS	3666 TAMIAMI TRAIL NORTH, #207	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST	☐ Change ☒ Addition
1.2 NAME	JENNINGS, HERBERT V.	
1.3 STREET ADDRESS	365 HENLEY DR	
1.4 CITY-ST-ZIP	NAPLES, FL 33942	
2.1 TITLE	DP	☐ Change ☒ Addition
2.2 NAME	CAROL G. JENNINGS	
2.3 STREET ADDRESS	365 HENLEY DR.	
2.4 CITY-ST-ZIP	NAPLES, FL 33940	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Treas 5-29-96 941-435-9210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)