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Jan 29 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 # 826607 (4)
1. Corporation Name
BRAD RAGAN, INC.



Principal Place of Business
4404 G STUART ANDREW BLVD.
CHARLOTTE NC 28217

Mailing Address
4404 G STUART ANDREW BLVD.
CHARLOTTE NC 28217

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1971		3a. Date of Last Report 03/07/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 56-0756067		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EOD	1.1 TITLE	President/CEO
NAME	BROPHEY, W.P.	1.2 NAME	Mike Thomann
STREET ADDRESS	5501 SUNNINGDALE	1.3 STREET ADDRESS	4404-G Stuart Andrew Blvd
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	Charlotte, NC 28217
TITLE	V	2.1 TITLE	
NAME	OWENS, JIM	2.2 NAME	
STREET ADDRESS	2216 CEDAR BIRD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	RUMBLE, RON	3.2 NAME	
STREET ADDRESS	18712 JOHN CONNOR RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTERVILLE NC	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	
NAME	CARR, RONALD J	4.2 NAME	
STREET ADDRESS	17121 NIBLUCK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTERVILLE NC	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CULLER, EUGENE R	5.2 NAME	
STREET ADDRESS	1144 E. MARKET ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH 44318	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SORENSEN, R.E.	6.2 NAME	
STREET ADDRESS	501 FOREST HILL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLACKSBURG VA	6.4 CITY-ST-ZIP	

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: *Edward Jackson* Finance Director
1/21/97 (704) 521-2199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)