

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90065 035 ***150.00

DOCUMENT # 826607

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1971

4. FEI Number

56-0756067

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME THOMANN, MIKE Brophey, William P.
STREET ADDRESS 4404-G STUART ANDREW BLVD
CITY-ST-ZIP CHARLOTTE NC 28217

1.1 TITLE president/CEO ☒ Change ☐ Addition
1.2 NAME William P. Brophey
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME OWENS, JIM
STREET ADDRESS 4404 G STUART ANDREW BLVD.
CITY-ST-ZIP CHARLOTTE NC 28217

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME RUMBLE, RON
STREET ADDRESS 4404 G STUART ANDREW BLVD.
CITY-ST-ZIP CHARLOTTE NC 28217

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME CARR, RONALD J
STREET ADDRESS 4404 G STUART ANDREW BLVD.
CITY-ST-ZIP CHARLOTTE NC 28217

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CULLER, EUGENE R
STREET ADDRESS 4404 G STUART ANDREW BLVD.
CITY-ST-ZIP CHARLOTTE NC 28217

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SORENSEN, R.E.
STREET ADDRESS 4404 G STUART ANDREW BLVD.
CITY-ST-ZIP CHARLOTTE NC 28217

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. J. Carr, V.P. of Finance 3/29/99 (704) 521-2199

CR02034-141099