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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F12292

(1)

ERVIN BRADDY COMMUNICATIONS, INC.

Principal Place		Mailing Address				iskib (1818 1911)	A SIĞI BIĞIL BIĞ	<b>                    </b>	H 678H DIED 1888
DUICH UPPH	CE BOX 778	<b>4</b>							
	ER FL 32054	POST OFFICE BOX LAKE BUTLER FL 3							
US		US			3, Date Incorporate	od or Ougliford	3a. Date	of Loot D	
					12/19/198		1	7/03/19	•
	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	1	<del></del>	Applied For
11 <u>37t - 1</u>		26			59-2127	138			Not Applicable
Suite, Apt #	#, etc	Suite, Apt. #, etc.			5. Certificate of Sta	tus Desired			Additional Required
Orty & State		City & State			6. Election Campaig	on Financing		\$5.0	O May Be
	Butler, FLURIDA				Trust Fund Conti			Adde	d to Fees
Zip  4 _ろのわり	54 25 Union	Zip	Cou	intry	8. This corporation			under s	199.032,
4 3209	9. Name and Address of Current	29 Registered Agent	[30]	<del></del>	Florida Statutes  10. Name and Add	Yes		cont	
				81 Name	10, Italiio alio Ado	1000 01 1100 111	Alstered W	Sour	
WAGNE	er, John M.				(6.6.6.1)				
	RTH MAIN STREET, P.O. BOX 147	7		82 Street Ad	dress (P.O. Box Number is	s Not Acceptable	e)		
	PRINGS FL 32643	•		83					
				44 00				· • · · · · · · · · · · · · · · · · · ·	
				84 City			FL	85   Zip	o Code
OF TEGISTER	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida in, and accept the obligations of, Section	i. Such charige was author	rizea by the a	corporation's bo	pard of directors. I hereby a	accept the appo	intment as r	egistered	agent. I am
SIGNATURE .	Signature, typical or printed name of registered agent as								
	OFFICERS AND			Agent signature requ	red when reinstaling)		DATE		
			<b>5</b> 12		ADDITIONS (CHA	NICES TO DESK	DEDC AND I	ついしてヘエヘ	
	PVP		13.	l) E	ADDITIONS/CHA	NGES TO OFFIC			
TIPLE	PVP	DELETE	1.11		ADDITIONS/CHA	NGES TO OFFIC		Change	RS IN 12
TIPLE NAME	PVP Braddy, Ervin		1.1T 12 N	AME	ADDITIONS/CHA	NGES TO OFFIC			
TIFLE NAME STREET ADDRESS	PVP		1.1T 12 N 13 Si	AME REET ADDRESS	ADDITIONS/CHA	NGES TO OFFIC			
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TIFLE NAME STREET ADDRESS CITY ST-ZIP TITLE	PVP Braddy, Ervin RT 2 Box 849 N/A Lake Butler Fl	Ŭ DETE1€	1.1T 12 N 13 SI 14 CI	REET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHA	NGES TO OFFIC		Change	☐ Addition
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12.  DELE NAME STREET ADDRESS CITY STEAD THE NAME STREET ADDRESS CITY STEAD	PVP Braddy, Ervin Rt 2 box 849 n/A Lake Butler Fl St Braddy, Kimberla Louis	Ŭ DETE1€	1.1T 12 N/ 13 SI 14 CI 2 1 T 22 N/ 23 SI	REET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHA	NGES TO OFFIC		Change	☐ Addition
THEF NAME STREET ADDRESS OFF SEZEP THEF NAME STREET ADDRESS OTF SEZEP	PVP BRADDY, ERVIN RT 2 BOX 849 N/A LAKE BUTLER FL ST BRADDY, KIMBERLA LOUIS RT. 2 BOX 849 N/A	Ŭ DETE1€	1.1T 12 N/ 13 SI 14 CI 2 1 T 22 N/ 23 SI	ME REET ADDRESS TY-SI-ZIP TLE MME REET ADDRESS TY-SI-ZIP	ADDITIONS/CHA	NGES TO OFFIC		Change	☐ Addition
THEF NAME STREET ADDRESS CHY ST-Z4P THEF NAME STREET ADDRESS CHY ST-Z4P THEF	PVP BRADDY, ERVIN RT 2 BOX 849 N/A LAKE BUTLER FL ST BRADDY, KIMBERLA LOUIS RT. 2 BOX 849 N/A	□] DETEIE	1.1T 12 NJ 13 SI 14 CI 2 1T 22 NJ 23 SI 24 CI	ME REET ADDRESS TY-SI-ZIP TLE ME REET ADDRESS TY-SI-ZIP TLE	ADDITIONS/CHA	NGES TO OFFIC		Change Change	Addition  Addition
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1. To frereby certify that the information supplied with this filing is voluntarily turnished 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 appoars in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE** 

BIGHAVURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/5/96 904-496-3005