

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandia B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F88016** (3)

1. Corporation Name  
**BRADSHAW HOLDINGS, INC.**



Principal Place of Business: **500 AZALEA LANE VERO BEACH FL 32963**  
Mailing Address: **500 AZALEA LANE VERO BEACH FL 32963**

3. Date Incorporated or Qualified: **07/01/1982** 3a. Date of Last Report: **01/25/1995**  
4. FEI Number: **59-2199899** 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: 21. State, Apt., Etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. State, Apt., Etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

**BRADSHAW, CHARLES, J.  
500 AZALEA LANE  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.06(3) and 607.098, 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, Sections 607.06(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS  
NAME: **DVS MACHEN, JIM D.**  DELETE  
STREET ADDRESS: **951 SW 4TH AVE. BOCA RATON FL PD**  
CITY, STATE, ZIP: **VERO BCH, FL 00000**  
NAME: **DST HOLDERMAN, BETTY**  DELETE  
STREET ADDRESS: **500 AZALEA LANE VERO BEACH FL**  
CITY, STATE, ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11. NAME:  Change  Addition  
12. NAME:  Change  Addition  
13. STREET ADDRESS:  Change  Addition  
14. CITY, STATE, ZIP:  Change  Addition  
15. NAME: **HOLDERMAN, ELIZABETH H.**  Change  Addition  
16. STREET ADDRESS:  Change  Addition  
17. CITY, STATE, ZIP:  Change  Addition  
18. NAME:  Change  Addition  
19. STREET ADDRESS:  Change  Addition  
20. CITY, STATE, ZIP:  Change  Addition

14. I do hereby certify that the information supplied by this firm voluntarily furnished and does not qualify for the exemption stated in Section 19.07(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 asterisk.

SIGNATURE: *Elizabeth H. Holderman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ELIZABETH H. HOLDERMAN**

1/19/96 407 231-0250

CR2E034 (12/95)