Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90122 034 ***150.00

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**

DOCUMENT # F9300000532

| Corporation | n Name | | | | 1 | | | | |
|---|---|----------------------------------|---|--|-------------------------|---|--|-------------------------------------|---|
| BRADLE' | y Builders, Inc. | | | | | | | | |
| | | | | | (1) | AKAA KU IAIA KU | I ac eir gour ca ill ai | UL ENUL NEWN AND | |
| | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | , , | #11#8 111# 1#1## 1111 | , 64111 26117 2617 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 3511 BONITA BAY BLVD #3 PO BOX 1869 | | | | | | | • | • | |
| BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34133 | | | | | | DO NO | T WOITE IN T | HS SPACE | |
| U\$ U\$ | | | | | 3 Date in | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| | | | | | 02/08 | • | damed | | ļ |
| 2 Principal D | lace of Business | 2a. Mailing Address | | | 4. FEI Nu | | · | Api | plied For |
| a. Thiricipan | lage of business | 26 | | | 35-13 | | | <u> </u> | Applicable |
| Suite Apt. | #. etc | _ Suite, Apt. #, etc. | | | | | | \$8.75.A | |
| 22 | | 27 | | | 5, Certifica | te of Status De | sired | Fee Re | quired |
| City & State | e | City & State | | | 6. Election | Campaign Fin | ancing _ | \$5.00 | May Be |
| 23 | | 28 | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | Zip | Country | / | 8. This co | rporation owes | the current year | | _ |
| 24 | 25 29 30 | | l | | | Personal Property Tax. | | | |
| • | 9. Name and Address of Current | Registered Agent | | , | 10. Name | and Address o | f New Register | ed Agent | |
| 550 | WAL BOADLEY D | | 81 | Name | BRAD | Brow | W | | |
| BROWN, BRADLEY D. | | | 82 | Street A | ddress (P.O. Box | Number is Not | Acceptable) | 21 | |
| 26920 WEDGEWOOD DR #205 | | | <u> </u> | | _ }&© | <u> 3056</u> | Coco | Plum | |
| BUN | IITA SPRINGS FL 34134 | | 83 | 1 | | | • | | |
| | | | 84 | City | <i>n</i> i i | , _ | | . 85 Zip C | ode |
| | | | | 1 | | <u>es</u> | F | _ | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the abov | e-named c | orporation submit | s this statement irectors. I hereb | for the purpose accept the ap | of changing its pointment as red | registered |
| agent. I a | to the provisions of Sections 607,0502 registered agent, or both, in the State on im familiar with, and accept the obligation | one of Section 607 0505, Florida | a Statutes | S. | 2 | | ., | 1,2/0 | a |
| SIGNATURE | /< | 1/2 | | | | | · / | 11517 | Z |
| | Signature, typed or printed name of registered agent | | | nt signature rec | uired when reinstating) | NOCHANCES | TO OFFICERS | AND DIRECTO | DS IN 12 |
| 12. | OFFICERS AND | DELETE | 13. 1.1 TITLE | | ROAD | BROWL | 10 OFFICERS | Change | Addition |
| TITLE | CDP | | 1.2 NAME | | 20 20 | × 1869 | • | 74 | |
| NAME | Direction, Divident | | | T 4D00E00 | • | | | | |
| STREET ADDRESS | 26920 WEDGEWOOD DR #205 BONITA SPRINGS FL 34134 | | 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | BONITA | Springs | FL 34 | 133 | • |
| CITY-ST-ZIP | VC | □ DELETE | 2.1 TITLE | 51-ZIP | | <u> </u> | | ☐ Change | Addition |
| TITLE | 10 | | 2.2 NAME | | | | | _ , | |
| NAME | | | | TADDRESS | | | | | |
| STREET ADDRESS | BONITA SPRINGS FL | | 2.4 CITY- | | <u>ي سيد</u> | | | | |
| CITY-ST-ZIP | | | 3.1 TITLE | 31-21 | - | | _ | ☐ Change | ☐ Addition |
| NAME | _ | | 3.2 NAME | | | | | | |
| | DO DOV 4000 | | ŧ . | T ADDRESS | | | | | 1 |
| STREET ADDRESS CITY-ST-ZIP | | | JUSTNEE | הטטווטטו | | | | | • |
| CHY-SI-ZIP | RONITA SPRINGS FI | | 3.4 CITV- | QT. 7ID | | | | | |
| TITI F | BONITA SPRINGS FL | DELETE | 3.4. CITY-: | ST-ZIP | _ | | | ☐ Change | Addition |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | = | | | Change | ☐ Addition |
| NAME | D BROWN, ROBERT G. | ☐ DELETE | 4.1 TITLE 4. 2 NAME | | | | | Change | Addition |
| NAME STREET ADDRESS | D BROWN, ROBERT G. P. O. BOX 1869 | ☐ DELETE | 4.1 TITLE 4. 2 NAME 4.3 STREE | T ADDRESS | | | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, ROBERT G. | ☐ DELETE | 4.1 TITLE 4. 2 NAME | T ADDRESS | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | D BROWN, ROBERT G. P. O. BOX 1869 | | 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 | ET ADDRESS ST- ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D BROWN, ROBERT G. P. O. BOX 1869 | | 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME | ET ADDRESS ST- ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D BROWN, ROBERT G. P. O. BOX 1869 | | 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME | ET ADDRESS ST-ZIP ET ADDRESS | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D BROWN, ROBERT G. P. O. BOX 1869 | | 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE | ET ADDRESS ST-ZIP ET ADDRESS | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, ROBERT G. P. O. BOX 1869 | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | | | | ☐ Change | ☐ Addition |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP