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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F96000003492**1. Corporation Name

BRADLEY SPECIALTY RETAILING, INC.

Mailing Address Principal Place of Business 1017 FRONT AVENUE 1017 FRONT AVENUE COLUMBUS GA 31901 **COLUMBUS GA 31901**

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2a. Mailing Address

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90056 022 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

07/10/1996 4. FEI Number

58-2169628

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red	I
22		27						
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	, ,
Zip	Country Zip		Country		8. This corporation owes the cur	rent year in	angible	
24	25	29 30	ה		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent	1		10. Name and Address of New	Registered	Agent	
			81	Name		•		
C T CORPORATION SYSTEM				04	(D.O. Day Number is Not Asset	abla)		
1200 SOUTH PINE ISLAND ROAD				Street Addre	ess (P.O. Box Number is Not Accept	aule)		
PLANTATION FL 33324						•		
			83					
	•		84	City	-	FL	85 Zip C	Code
		0 1 007 4500 Florido Statuto	the chave	named same	protion cultimits this statement for the			registered
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1506, Florida Statutes, of Florida. Such change was auth	orized by t	the corporation	n's board of directors: I hereby acce	pt the appo	ntment as reg	jistered
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes.	•	·			
SIGNATURE								
	Signature, typed or printed name of registered ager			t signature required		DATE	ID DIDEOTO	DO IN 40
12.		ID DIRECTORS	13.	1	ADDITIONS/CHANGES TO OF	FICERS AT	Change	Addition
TITLE	PD	☐ DELETÉ	1.1 TITLE				☐ Cliange	☐ Addition
NAME	MARTIN, CALVIN J		1.2 NAME					
STREET ADDRESS	1017 FRONT AVENUE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	COLUMBUS GA 31901		1.4 CITY-ST	-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	TURNER, JOHN T		2.2 NAME					
	ANAT FROMET AMENDE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	COLUMBUS GA 31901		2. 4 CITY-S	T-ZIP	~-			
TITLE	SC	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
	1017 FRONT AVENUE		3.3 STREET	ADDRESS				
	COLUMBUS GA 31901		3.4. CITY-S					
CITY-ST-ZIP	VGM	☐ DELETE	4.1 TITLE	-			☐ Change	Addition
NAME	CARBERRY, THOMAS	<u></u>	4. 2 NAME				=	
	1017 FRONT AVENUE		4.3 STREET	ADODESS				
CITY-ST-ZIP	COLUMBUS GA 31901	☐ DELETE	4.4 CITY-ST 5.1 TITLE	1-217			☐ Change	Addition
TITLE	TIPMED MILLIAM D. ID	[] DECETE	5.1 HILE 5.2 NAME				9	
NAME	TURNER, WILLIAM B JR		5.3 STREET	ADDOESS				
STREET ADDRESS								
CITY-ST-ZIP	COLUMBUS GA 31901	——————————————————————————————————————	5.4 CITY-ST	-2119			Chanca	Addition
TITLE	AS	☐ OELETE	6.1 TITLE				Change	☐ vocinou
NAME	FOWLER, RICHARD W		6.2 NAME					
STREET ADDRESS	1017 FRONT AVE		6.3 STREET	ADDRESS				
CITY-ST-ZIP	COLUMBUS GA 31901		6.4 CITY-ST	r-ZIP				

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard W. Fowler