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

PROFIT CORPORATION **ANNUAL REPORT**



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

G46908

(1)

BRADLEY ENGRAVED STA	ATIONERY CO.			
Principal Place of Business	Mailing Address		E HOOVIN ONLY SIGN ONLY ONLY ONLY ONLY ONLY	IETO OLDOT BIETO BIETO BIDIE 1081
2420 MISSISSIPPI AVE. TAMPA FL 33629	2420 MISSISSIPPI AVE. Tampa Fl 33629		DO NOT WRITE IN TH	IIC CDACE:
			3. Date Incorporated or Qualified	IS OF ACE
			06/30/1983	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2330488	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & Stole			Fee Required
23	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25	1	30	Personal Property Tax due June 30.	Yes No
	s of Current Registered Agent		10. Name and Address of New Registere	ed Agent
O'DONNELL, JAMES D.		81 Name		
2207 INDEPENDENT SQU	ARE	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32202				
		83		
		84 City		85 Zip Code
	007010		F	- 1
office or registered agent, or both,	ins 607.0502 and 607.1508, Florida Statuti in the State of Florida. Such change was a	es, the above-hamed corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	contanging its registered appointment as registered
agent. I am familiar with, and accep	of the obligations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE Stone Greek for bringed name of	Fregularia diagentia and this if applicable (NOTE	: Registered Agent signature requi	ired when reinstating) DATE	·
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE PD	DELETE .	1.1 DILE		Change Addition
NAME TREZEVANT, JAMES	C.JR.	12 NAME		
STREET ADDRESS 2442 MISSISSIPPLA	VE. COLLEGE	1.3 STREET ADDRESS		
CITY-ST-ZIP JAMPA FL		1.4 CITY - ST - ZIP		
THILE YD	ב- ב	2.1 1/116	PD	Change
NAME TREZEVANT, DOLOR		2.2 NAMÉ		
STREET ADDRESS 2442 MISSISSIPPI A	VE.	2.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL	DELETE	2.4 CHY-ST-ZIP 3.1 THLE		Change Addition
NAME	□ txttte	3.2 NAME		C bliggs C Addition
STREET ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
CiTY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	DILETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4, 2 NAME		· ·
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-S1-2IP		5.4 CITY - S1 - ZIP		
TITLE	[] DELETE	6.1 TIPLE		Change Addition
NAME	•	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. Thereby 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 suppliemental 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 corpustion of the receiver or trustee emporemental as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charmed, or on an all abstracts.