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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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Corporation		G85629	(5	5)						
H. F.	AND E. F. BRA	DY, INC.				1 13 2 10 17 18 18 1 18 18 1 18 18 1 18 18 1 18 18 1	init a a rm a m	ing (b il a hah) d		i î n a a a a a a a a a a a a a a a a a a a
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6516 EAST	SIXTH STREET		6516 EAST SIXTI PANAMA CITY F							
ranama y	111 1L 32404		FANAMA VIII F	L 3290 1		3. Date Incorporated or 0 01/14/1984	Dualified	3a. Date		
Principal Pk	ace of Business	24	a. Mailing Address			4. FEI Number		.i	04/06/1	Applied For
Suite, Apt.	H 010	26	L			59-2368778				Not Applica
Suite, Apt. 4	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status De	esired			Additional
City & State	:		City & State			6. Election Campaign Fin	ancing			Required May Be
		28	·			Trust Fund Contributio	_			d to Fees
Zip	Cour 25	ntry 29	Zip }	Cour	ntry	8. This corporation has list			x under s	199.032,
		ress of Current Regi		30		Florida Statutes 10. Name and Address of	Yes		\oent	
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BRADY	'. H. F.			-	82 Street Ad	dress (P.O. Box Number is Not.	Accentabl	(a)		
	AST SIXTH STREE	T		Ĺ		diess (i .o. box intimoor is mot				
PANAM	AA CITY FL 32404				83					
				ļ	84 City				85 Z	o Code
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TOTTING VIE	o the provisions of Sec ed agent, or both, in th h, and accept the obli	ctions 607.0502 and 60 ne State of Florida. Sug gations of, Section 607	07.1508, Florida Sta ch change was autho 7.0505, Florida Statu	atutes, the above orized by the contest.	/e-named corp orporation's bo	oration submits this statement fo and of directors. I hereby accept	or the purp t the appo	oose of cha pintment as i	nging its r registered	egistered of agent. I am
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GNATURE E	Signature, typed or printed man	ne of registered agont and title if	fapplicatio	(NOTE: Registered A 13.	Agent signature requi LE ME	red wher: reinstating:		DATE	DIRECTO	RS IN 12
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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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David David