May 17, 1999 8:00 am Secretary of State

05-17-1999 90005 046 ***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 # J16891

1. Corporation Name

BRAD-CART ENTERPRISES, INC.

Principal Place of Business Mailing Address						
15614 FRONT B PANAMA CITY B US	BEACH ROAD BEACH FL 32413	15614 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413 US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 05/30/1986
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 26						59-2714961 Not Applicable
			Suite, Apt. #, etc.			5. Certifcate of Status Desired S8.75 Additional Fee Required
22 City & State	27 City & Stat	City & State			6. Election Campaign Financing \$5.00 May Be	
						Trust Fund Contribution Added to Fees
23 28				Country		8. This corporation owes the current year Intangible
24 25 29			30	0		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agen	ıt			10. Name and Address of New Registered Agent
0.45	7770 14401/ 1			81	Name	ne
CARTER, MACK A. 114 BOCA LAGOON DR				82	Street	et Address (P.O. Box Number is Not Acceptable)
PANAMA CITY BEACH FL 32407				83		
1714	AMA OTT BENOTTE GETO			63		
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Flo	orida Statutes	the above	-named	ed compration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida, Such cha	ange was auti	horized by	the corp	prporation's board of directors. I hereby accept the appointment as registered
_	m laminar with, and accept the conga	nons or, decitor oo	7,0000, 1 10110	ia Dialates	•	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: R	egistered Agen	t signature r	ure required when reinstating) DATE
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ρ		☐ DELETE 1.1 TI			☐ Change ☐ Addition
NAME	CARTER, MACK A.			1.2 NAME		
STREET ADDRESS	114 BOCA LAGOON DRIVE			1.3 STREET		SS
CITY-ST-ZIP			1.4 CITY-S	r-ZIP	Change Addition	
TITLE	VP IOHNNY W	Ц) DECETE	2.1 TITLE 2.2 NAME		
NAME	Bradley, Johnny W. 17751 Back Bch RD			2.3 STREET	, YULDEGG	222
STREET ADDRESS	PANAMA CITY BCH FL			2.4 CITY-S		33
CITY-ST-ZIP TITLE	ST ST		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, LEIGH A			32 NAME		
STREET ADDRESS	114 BOCA LAGOON DRIVE			3.3 STREET	ADDRESS	ss
CITY-ST-ZIP	PANAMA CITY BEACH FL	.		3.4. CITY-S	T-ZIP	
TITLE	D · ·	2	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, PATTY			4. 2 NAME		
STREET ADDRESS		5B		4.3 STREET		ss
CITY-ST-ZIP	PANAMA CITY BEACH FL	``	DELETE	4.4 CITY - S	-ZIP	☐ Change ☐ Addition
TITLE	D DADIEV IOUN	∡ر	l nereig	5.1 TITLE 5.2 NAME		☐ cualities ☐ violation
NAME	BRADLEY, JOHN	.co		5.2 NAME	ADDRESS	ss
STREET ADDRESS	17751 BACK BEACH ROAD, # PANAMA CITY BEACH FL	OD O		5.4 CITY-S		
CITY-ST-ZIP	FAMAMA UITT DEAUTTE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			. –	6.2 NAME		
OTREET ADDRESS					ADDRESS	ess

14. 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 NING OFFICER OR DIRECTOR

CITY-ST-ZIP

Daytime Phone #