

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K59691

(1)

1. Corporation Name

SARAH R. BRADLEY, INC.



Principal Place of Business

Mailing Address

~~454 20TH AVE N~~
~~INDIAN ROCKS BEACH FL 34635~~
~~US~~

~~454 20TH AVE N~~
~~INDIAN ROCKS BEACH FL 34635~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 10225 ULMERTON RD

26 P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 40

27

City & State

City & State

23 LARGO FL

28 INDIAN ROCKS BEACH

Zip

Country

Zip

Country

24 34640

25 PINELLAS

29 34635

30 PINELLAS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/20/1989

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2924335

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

SAME AS 1995

10. Name and Address of New Registered Agent

BRADLEY, SARAH R.

~~454 20TH AVE N~~

~~INDIAN ROCKS BEACH FL 34635~~

~~INDIAN ROCKS BEACH FL 34635~~

10853 DOROTHY LANE, LARGO, FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPV ☐ DELETE

NAME BRADLEY, SARAH R.

STREET ADDRESS ~~454 20TH AVE N~~

CITY-ST-ZIP INDIAN ROCKS BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change address only
(P.O. Box 502)
INDIAN ROCKS BEACH, FL 34635

10853 DOROTHY LANE
LARGO, FL 34644

500001789615

-04/23/96--01009--001

***200.00

4-27

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Sarah R. Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-5-96

Date

813-595-4397

Daytime Phone #

CR2E034 (12/95)