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

**PROFIT** 

**SIGNATURE:** 

Feb 09 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # K63530 (5)BRADLEY GROUP, INC. Principal Place of Business Mailing Address 4370 SQ. TAMIAMI TRAIL 4370 SO. TAMIAMI TRAIL STE. 320 STE. 320 DO NOT WRITE IN THIS SPACE SARASOTA FL 34231 SARASOTA FL 34231 3. Date Incorporated or Qualified US 02/03/1989 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 16-1319632 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes ΠNο 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRADLEY, SR. R 4370 S. TAMIAMI TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) STE. 320 83 SARASOTA FL 34231 84 City Zip Code 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 skinled name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE BRADLEY, ROBERT J. SR. NAME 1.2 NAME 4370 S. TAMIAMI TRAIL, STE. 320 STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 41 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY+ST-ZIP 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 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.

FLORIDA DEPARTMENT OF STATE

**FILED** 

2-3-98 941-927-3691