

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 3:05

DOCUMENT # K96911

(8)

1. Corporation Name

THE BRADFORDT COMPANY

Principal Place of Business

1417 N. SEMORAN BLVD.
SUITE 210
ORLANDO FL 32807
US

Mailing Address

1417 N. SEMORAN BLVD.
SUITE 210
ORLANDO FL 32807
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/21/1989

3a. Date of Last Report
02/01/1994

4. FEI Number
59-2953568

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, N. DWAYNE, JR.
201 S. ORANGE AVE.
SUITE 1060
ORLANDO FL 32801

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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WOLFE, MARSHAL C.
STREET ADDRESS	12713 FORESTEDGE CIR
CITY- ST- ZIP	ORLANDO FL
TITLE	V
NAME	BURDEN, JOHN R.
STREET ADDRESS	12810 FORESTEDGE CIR.
CITY- ST- ZIP	ORLANDO FL
TITLE	T
NAME	PARSONS, JAMES R
STREET ADDRESS	12708 FORESTEDGE CIR
CITY- ST- ZIP	ORLANDO FL
TITLE	S
NAME	CROCKER, LINDA J
STREET ADDRESS	290 SANDALWOOD CT
CITY- ST- ZIP	FERN PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1100 Artesia Avenue
1.4 CITY- ST- ZIP	Oviedo, Florida 32865
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	13674 Crystal River Drive
2.4 CITY- ST- ZIP	Orlando, Florida 32828
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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHAL C. WOLFE

1/31/95

38,275.500