

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

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**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # M67938 (4)
1. Corporation Name
BRADFORD BUILDING CORPORATION



Principal Place of Business: **323 COURTLEA OAKS BLVD PO BOX 771547 WINTER GARDEN FL 34777-8547 US**

Mailing Address: ~~420 S. WINTER GARDEN WINGLAND RD~~ PO BOX 771547 WINTER GARDEN FL 34777-8547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **323 COURTLEA OAKS BLVD WINTER GARDEN FL 34777**

2a. Mailing Address: **P.O. Box 771547 323 COURTLEA OAKS BLVD WINTER GARDEN FL 34777**

22. Suite, Apt. #, etc.

23. City & State: **WINTER GARDEN FL**

24. Zip: **34777** 25. Country: **US**

3. Date Incorporated or Qualified: **02/11/1988**

4. FEI Number: **59-2883624**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **BRADFORD, M. WADE 323 COURTLEA OAKS BLVD PO BOX 771547 WINTER GARDEN FL 34777**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, M. WADE	1.2 NAME	
STREET ADDRESS	111 MERICAM CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, JANICE M.	2.2 NAME	
STREET ADDRESS	111 MERICAM CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, CAMERON W	3.2 NAME	
STREET ADDRESS	111 MERICAM CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *[Signature]* **DOUGLAS M. WILKINS** **WINTER GARDEN FL 34777**

CR2E034 (10/97)