

FILED
May 12 1998 8:00am
Secretary of State

DOCUMENT # M92405 (3)
1. Corporation Name
BRADBURN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
% JOHN A. BRADBURN, JR. 7212 US HWY 19 STE 3 NEW PT RICHEY FL 34652	% JOHN A. BRADBURN, JR. 7212 US HWY 19 STE 3 NEW PT RICHEY FL 34652

2. Principal Place of Business		2a. Mailing Address	
21		2b	
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	
BRADBURN, JOHN A., JR. 7212 US HWY 19 STE 3 NEW PT RICHEY FL 34652	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	PD	☐ DELETE		1.1 TITLE	
NAME	BRADBURN, JOHN A. JR.			1.2 NAME	
STREET ADDRESS	7212 US HWY 19 STE 3			1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL			1.4 CITY-ST-ZIP	
TITLE		☐ DELETE		2.1 TITLE	
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP	
TITLE		☐ DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4 CITY-ST-ZIP	
TITLE		☐ DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE		☐ DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE		☐ DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	

3. Date Incorporated or Qualified
07/29/1988

4. FEI Number 59-2877593	Applied For
	Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

_____ (P.O. Box Number is Not Acceptable)

FL	85	Zip Code _____
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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 as an attachment with an address.

CP2E034 (10/97)