FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:46

DOCUMENT # N50635 (4)

1. Corporation Name
BRADLEY PARK, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
90 BRADLEY ST DESTIN FL 32541	90 BRADLEY ST STE 15 DESTIN FL 32541 US

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3199826 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOODSON, PERRY F.
90 BRADLEY ST
STE 15
DESTIN FL 32541

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 Perry F. Goodson PRESIDENT PERRY F. GOODSON 1-25-95
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GOODSON, PERRY F.	1.2 NAME	SAME	
STREET ADDRESS	RT 1 BOX 440	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD AL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BARFIELD, AUBURN	2.2 NAME	JOHNNIE B. FRANCK	
STREET ADDRESS	RT 1 BOX 40	2.3 STREET ADDRESS	90 BRADLEY ST. #8	
CITY-ST-ZIP	ELLAVILLE GA	2.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	TD	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	STENZEL, DIANE	3.2 NAME	JUDITH W. BENSON	
STREET ADDRESS	1011 LAKE DR	3.3 STREET ADDRESS	90 BRADLEY ST. #1	
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	DESTIN, FL, 32541	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BILLONI, BONNIE K.	4.2 NAME	COMBINED WITH S/T/D	
STREET ADDRESS	4052 LOOP LN	4.3 STREET ADDRESS	ABOVE	
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Perry F. Goodson PERRY F. GOODSON 1-25-95 904-654-0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021434