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FILED
Feb 16, 1999 8:00 am
Secretary of State

02-16-1999 90025 049 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P30894

1. Corporation Name
L.M. BRADSHAW CONTRACTING, INC.



Principal Place of Business Mailing Address
3600-B ST. JOHN'S LANE **3600-B ST. JOHN'S LANE**
ELLCOTT CITY MD 21042-5247 **ELLCOTT CITY MD 21042-5247**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
09/12/1990
 4. FEI Number Applied For
52-1271691 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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		
TITLE	PTC	<input type="checkbox"/> DELETE
NAME	BRADSHAW, JR LESTER M	
STREET ADDRESS	8777 MANAHAN DRIVE	
CITY-ST-ZIP	ELLCOTT CITY MD 21043	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADSHAW, LESTER M. SR.	
STREET ADDRESS	165 LAKEVIEW WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BRADSHAW, JOE D	
STREET ADDRESS	1310 CEDARBERRY CT	
CITY-ST-ZIP	MARRIOTTSVILLE MD 21104	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRADSHAW, ROBERT L.	
STREET ADDRESS	1897 ROCKRIDGE COURT	
CITY-ST-ZIP	MARRIOTTSVILLE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADSHAW, JEFFREY W	
STREET ADDRESS	8377 A MONTGOMERY RUN RD	
CITY-ST-ZIP	ELLCOTT CITY MD 21043	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Lester M. Bradshaw, Jr.* 1/11/99 410-461-4466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)