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Feb 11, 1999 8:00am  
Secretary of State

02-11-1999 90053 008 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P32022

1. Corporation Name

BRADFORD & CO., INCORPORATED

Principal Place of Business

330 COMMERCE STREET  
NASHVILLE TN 37201-1809

Mailing Address

330 COMMERCE STREET  
NASHVILLE TN 37201-1809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1990

4. FEI Number

62-0677497

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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 ☐ DELETE  
NAME SIMONS, W. LUCAS  
STREET ADDRESS 277 DEER PARK DRIVE  
CITY-ST-ZIP NASHVILLE TN

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME MALOTT, CHARLES T  
STREET ADDRESS 1 BUCKLAND ABBY  
CITY-ST-ZIP NASHVILLE TN

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VST ☐ DELETE  
NAME HARNES, RANDALL R  
STREET ADDRESS 105 LONGWOOD PLACE  
CITY-ST-ZIP NASHVILLE TN

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CD ☐ DELETE  
NAME BRADFORD, JAMES C JR.  
STREET ADDRESS 100 WESTHAMPTON PLACE  
CITY-ST-ZIP NASHVILLE TN

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME SHEPHERD, R. PATRICK  
STREET ADDRESS 5913 ROBERT E. LEE DR.  
CITY-ST-ZIP NASHVILLE TN 37215

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE  
NAME KITCHEN, DOUG O  
STREET ADDRESS 939 TYNE BLVD  
CITY-ST-ZIP NASHVILLE TN

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (615) 271-1211  
Date Daytime Phone #

CR2E034 (1/1/98)