

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P39061

(7)

1. Corporation Name

THE BRADLEY FACTOR, INC.



Principal Place of Business

POST OFFICE BOX 698
CLEVELAND TN 37364-0698

Mailing Address

POST OFFICE BOX 698
CLEVELAND TN 37364-0698

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

CAMPBELL, WILLIAM B.
6067 WINDHOVER
ORLANDO FL 32862

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 607.06(2) and 607.15(1)(b), 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the person authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DCP
CAMPBELL, WILLIAM B.
3830 WESTVIEW DR., NE
CLEVELAND TN

DVC
CHASE, DEAN
2006 WOODCHASE WAY
CLEVELAND TN

D
PRITCHARD, WESLEY
3782 BOWMAN CIRCLE, NE
CLEVELAND TN

D
SMITH, DAVID
50021ST NW
CLEVELAND TN

DT
PERLMAN, MARVIN
506 PICTURE RIDGE DR.
CHATTANOOGA TN

S
CHASE, DEAN
2006 WOODCHASE WAY
CLEVELAND TN

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 an officer 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 addition listed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 423-499-1899

CR2E034 (12/95)