FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/02/1992**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **62-1429279** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CAMPBELL, WILLIAM B.
6067 WINDHOVER
ORLANDO FL 32862

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 607.0207 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, WILLIAM B.	1.2 NAME	
STREET ADDRESS	3830 WESTVIEW DR., NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	1.4 CITY-ST-ZIP	
TITLE	DVC	2.1 TITLE	☐ Change ☐ Addition
NAME	CHASE, DEAN	2.2 NAME	
STREET ADDRESS	2006 WOODCHASE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PRITCHARD, WESLEY	3.2 NAME	
STREET ADDRESS	3782 BOWMAN CIRCLE, NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DAVID	4.2 NAME	
STREET ADDRESS	50021ST NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	☐ Change ☐ Addition
NAME	PERLMAN, MARVIN	5.2 NAME	
STREET ADDRESS	506 PICTURE RIDGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	CHASE, DEAN	6.2 NAME	
STREET ADDRESS	2006 WOODCHASE WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	6.4 CITY-ST-ZIP	

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***225.00

14. I do hereby certify that the information supplied with this report 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 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, trustee or other court appointed fiduciary 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 added, above or on an attachment with an address.

SIGNATURE: W. Campbell President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

423-479-1899
Daytime Telephone Number