


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		25. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/02/1992		3a. Date of Last Report 04/01/1996	
4. FEI Number 62-1429279		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DCP NAME: CAMPBELL, WILLIAM B. STREET ADDRESS: 3830 WESTVIEW DR., NE CITY-ST-ZIP: CLEVELAND TN <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DVC NAME: CHASE, DEAN STREET ADDRESS: 2006 WOODCHASE WAY CITY-ST-ZIP: CLEVELAND TN <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: PRITCHARD, WESLEY STREET ADDRESS: 3782 BOWMAN CIRCLE, NE CITY-ST-ZIP: CLEVELAND TN <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: SMITH, DAVID STREET ADDRESS: 50021ST NW CITY-ST-ZIP: CLEVELAND TN <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DT NAME: PERLMAN, MARVIN STREET ADDRESS: 506 PICTURE RIDGE DR. CITY-ST-ZIP: CHATTANOOGA TN <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: CHASE, DEAN STREET ADDRESS: 2006 WOODCHASE WAY CITY-ST-ZIP: CLEVELAND TN <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0477613

CR2E034 (9/96)