


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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1992	
21		26		4. FEI Number 62-1429279	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	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 607.0502 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	DCP <input type="checkbox"/> DELETE				
NAME	CAMPBELL, WILLIAM B.				
STREET ADDRESS	3830 WESTVIEW DR., NE				
CITY-ST-ZIP	CLEVELAND TN				
TITLE	DVC <input type="checkbox"/> DELETE				
NAME	CHASE, DEAN				
STREET ADDRESS	2006 WOODCHASE WAY				
CITY-ST-ZIP	CLEVELAND TN				
TITLE	D <input type="checkbox"/> DELETE				
NAME	PRITCHARD, WESLEY				
STREET ADDRESS	3782 BOWMAN CIRCLE, NE				
CITY-ST-ZIP	CLEVELAND TN				
TITLE	D <input type="checkbox"/> DELETE				
NAME	SMITH, DAVID				
STREET ADDRESS	50021ST NW				
CITY-ST-ZIP	CLEVELAND TN				
TITLE	DT <input type="checkbox"/> DELETE				
NAME	PERLMAN, MARVIN				
STREET ADDRESS	506 PICTURE RIDGE DR.				
CITY-ST-ZIP	CHATTANOOGA TN				
TITLE	S <input type="checkbox"/> DELETE				
NAME	CHASE, DEAN				
STREET ADDRESS	2006 WOODCHASE WAY				
CITY-ST-ZIP	CLEVELAND TN				
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 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.

SIGNATURE: William B. Campbell RED

Jan 5, 1998 423-479-1899

CR2E034 (10/97)