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PROFIT CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044543 (5)

BRIDWELL ENTERPRISES, INCORPORATED

Mailing Address Principal Place of Business 525-101 VIA VERONA LANE 525-101 VIA VERONA LANÉ ALTAMONTE SPRINGS FL 32714-3185 ALTAMONTE SPRINGS FL 32714 3a. Date of Last Report 3. Date Incorporated or Qualified 06/21/1993 07/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3188649 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intengible tax under s. 199.032 Country Z Yes ☐ No 24 25 29 30 Florida Statutes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name BRIDWELL, SUE 525-101 VIA VERONA LANE **B2** Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32714** 83 84 City 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 agent. Lam 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: Bog stored Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.**1** 10 LE NAME BRIDWELL, ROBERT M 1.2 NAME **525 101 VIA VERONA LN** 1.3 STREET ADDRESS STREET ADDRESS <u>ALTAMONTE SPRINGS FL</u> CITY-ST-ZIP 1.4 CITY - ST-ZIP DELFTE Change Addition TITLE 2.1 7/11/8 STD 2.2 NAME NAME BRIDWELL, SUE E STREET ADDRESS **525 101 VIA VERONA LN** 2.3 STREET ADDRESS altamonte springs fl CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CI1Y - ST- 7(P DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST - Z/P CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - \$1 - 71P

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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