

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Marston
Secretary of State
DIVISION OF CORPORATIONS

FILED
CORPORATION STATE

DOCUMENT # **P94000004611 (7)**

1. Corporation Name

THOMAS B. BRADLEY, INCORPORATED

Principal Place of Business

3802 EHRlich RD
SUITE 210
TAMPA FL 33624

Mailing Address

3802 EHRlich RD
SUITE 210
TAMPA FL 33624

3. Date of Report (Month/Day/Year)
01/10/1994

36. Report Due Date

2. Principal Place of Business

21 **18801 N. DALE MABRY**

2a. Mailing Address

26 **18801 N. DALE MABRY**

4. FEI Number

59-3228714

Applicable For
Not Applicable

State, Apt #, etc

State, Apt #, etc

5. Certificate of Status (Default)

\$6.75 Additional Fee Required

City & State

23 **LUTZ, FL**

City & State

27 **LUTZ, FL**

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May be Added to Fees

Zip

Country

24 **33549**

25 **U.S.A.**

Zip

Country

29 **33549**

30 **U.S.A.**

8. This corporation has liability for intangible tax under S. 190.01, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

PHILLIPS, GEORGE W
3802 EHRlich RD
SUITE 210
TAMPA FL 33624

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 officer 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

Signature typed or printed name of registered agent and title if applicable

Signature typed or printed name of registered agent and title if applicable

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

| | |
|-----------------|----------------------------------|
| TITLE | D |
| NAME | PHILLIPS, GEORGE W |
| STREET ADDRESS | 3802 EHRlich RD SUITE 210 |
| CITY - ST - ZIP | TAMPA FL 33624 |
| TITLE | PRES. |
| NAME | THOMAS B. BRADLEY |
| STREET ADDRESS | 18801 N. DALE MABRY HWY. |
| CITY - ST - ZIP | LUTZ, FL 33549 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| | |
|---------------------|--|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 7. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 7. 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided by Section 190.01, 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 person or person empowered to execute this report as required by Chapter 2207, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or as an attachment with an affidavit.

SIGNATURE: *Thomas B. Bradley* **THOMAS B. BRADLEY** 1-13-95 813-949-2510