SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000028618 (4)**

1. Corporation Name
BRADFORD TURF & LANDSCAPE MAINTENANCE, INC.

Principal Place of Business	Mailing Address
~~20780 NW 3RD COURT~~ ~~PEMBROKE PINES FL 33029~~	~~20780 NW 3RD COURT~~ ~~PEMBROKE PINES FL 33029~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1405 SW 119 AVE
Suite, Apt. #, etc.
22
City & State
23 PEMBROKE PINES, FL.
Zip 24 33025 Country 25 BROWARD

2a. Mailing Address
26 1405 SW 119 AVE
Suite, Apt. #, etc.
27
City & State
28 PEMBROKE PINES, FL.
Zip 29 33025 Country 30

4. FEI Number — ☐ 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

9. Name and Address of Current Registered Agent

~~BUSH, JAMES N~~
~~11238 STATE ROAD 84~~
~~DAVIE FL 33325~~

10. Name and Address of New Registered Agent

91 Name: MARK G. BRADFORD
92 Street Address (P.O. Box Number is Not Acceptable): 1405 SW 119 AVE.
93
94 City: PEMBROKE PINES FL 95 Zip Code: 33025

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: [signature] 7-13-95
Signature, type or print name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	MARK G. BRADFORD	12 NAME	
STREET ADDRESS	1405 SW 119 AVE.	13 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES, FL. 33025	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing 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 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: [signature] 7-13-95 435-9560.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031015 CP