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

PROFIT PROPATION FUAL REPORT 1997

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 11 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P9400083922 (2)

BRADFORD V. HUNTER CORP.

Principal Place of Business Mailing Address											# AND HOLD THE STATE OF THE STATE OF THE STATE OF THE STATE									
1401 CAMBRIDGE DRIVE CLEARWATER FL 34616				•	1401 CAMBRIDGE DRIVE CLEARWATER FL 34616-1339															
											3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1994 06/13/1996						eport			
2. Principal Place of Business				2	2a. Mailing Address						4.	FEI Num		• • • • • • • • • • • • • • • • • • • •	~	·	-		plied For	
21				26	26						59-3274553 Not Applicable								le	
Sulte, Apt. #, etc.				27	Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required									
City & State					City & State						6. Election Campaign Financing \$5.00 May Be								\neg	
23				28	28						Trust Fund Contribution Added to Fees								_	
	Zip Country			ļ-—	 			Country			8. This corporation has liability for intangible tax under s. 199.032,								ı	
24		25			29 30						Florida Statutes Yes No 10. Name and Address of New Registered Agent									
			and Address of Cur	rent Reg	glatered Agent				T		10.	Name a	nd Addr	ess of Ne	w Reg	istered	ered Agent			
HUNTER, BRADFORD V								81	Nam	0										
1401 CAMBRIDGE DRIVE						82		Stree	et Addre	ress (P.O. Box Number is Not Acceptable)							1			
CLEARWATER FL 34616								<u></u>	ļ											_
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			•					84								FL		Zip (
11.	Pursuant office or r agent. I a	to the provis egistered ag im familiar w	sions of Sections 607.0 gent, or both, in the St ith, and accept the ob	0502 and ate of Flo digations	607.1508, xida. Such of, Section	Florida Statut change was 607.0505, FI	es, the authoriz orida St	abov ed by atute	e-namo y the co s.	ed corpo orporatio	oratio on's b	on submits board of o	this stat lirectors.	ement for I hereby	the pu accept	rpose of the app	of chang pointme	ing it int as	s registere registered	đ
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Signature, typed or printed name of registered agent								egistered Agent signature require					10101144	050.70	055101	DATE	D DIDE	ÒTOD	0.101.40	ᅴ
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62 NAME

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. 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.

6.3 STREET ADDRESS