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PROFIT CORPORATION ANNUAL, REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000083922 (2) DOCUMENT

BRADFORD V. HUNTER CORP.

FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1401 CAMBRIDGE DRIVE 1401 CAMBRIDGE DRIVE **CLEARWATER FL 34616** CLEARWATER FL 34616 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3274553 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 33.75 (o g, Name and Address of Current Registered Agent 33756 ☐ Yes □ No Personal Property Tax due June 30. Name and Address of New Registered Agent 81 HUNTER, BRADFORD V 1401 CAMBRIDGE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. D DELETE 1.1 TITLE Change Addition TITLE NAME HUNTER, BRADFORD V 1.2 NAME 1401 CAMBRIDGE DRIVE STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL 34816 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Спапре Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE 5.1 TITLE Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TIRE 6.1 TITLE 6.2 NAME

6.4 CITY - ST-ZIP 14. Thereby certify that the information supplied with this filling 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 STREE1 ADDRESS

SIGNATURE:

STREET ADDRESS

3-30-98

CR2E034 (10/97