

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000043635 (8)
1. Corporation Name

J.B. BRADSHAW & ASSOCIATES, INC.



Principal Place of Business Mailing Address
4435 VASCO ST. PUNTA GORDA FL 33950 4435 VASCO ST. PUNTA GORDA FL 33950

3. Date Incorporated or Qualified 06/06/1995 3a. Date of Last Report
4. FEI Number 65-0591696 Applied For Not Applicable
5. Certificate of Status Declared \$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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BRADSHAW, J.B.
4435 VASCO ST.
PUNTA GORDA FL 33950

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 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) (Typed Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS
TITLE PSTD
NAME BRADSHAW, J.B.
STREET ADDRESS 4435 VASCO ST.
CITY-ST-ZIP PUNTA GORDA FL 33950
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE [Change] [Addition]
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [Change] [Addition]
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [Change] [Addition]
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [Change] [Addition]
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [Change] [Addition]
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [Change] [Addition]
62 NAME
63 STREET ADDRESS
64 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 stated in Section 119 (17)(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
8-5-96 941-659-2541
Date Duplicate Phone #

CR2E034 (3/96)