FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000053915 (0)

BRADFORDVILLE LAND COMPANY, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				1 10011891 (12 10110 01111 00)				
1867 CHARDONNAY PLACE TALLAHASSEE FL 32311			1887 CHARDONNAY PLACE TALLAHASSEE FL 32311			DO NOT	WRITE IN THIS	SPACE			
							3. Date Incorporated or Qu 06/25/1996		OI AGE		
2. Principal P	lace of Business	20	Mailing Address				4. FEI Number		A	pplied For	
21			26			59-3394556		N.	ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desi	red 🗍	\$8.75	Additional	
22		27					6. Cermicate of Status Desi	reu 🗀	Fee R	equired	
City & State			City & State				6. Election Campaign Finan	cing	\$5.00	May Be	
23		28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution		Added	to Fees	
Zip	⊢ ¬	untry	Zip 1		untry		8. This corporation owes or				
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 dress of Current Regi	letered Seem	30	1		Personal Property Tax du 10. Name and Address of N		X] No	
- N		diess of Culterit Mag	steren våent		81	Name	TO, Name and Address of t	sen vehistelen	Agent		
PIERCE, ROBERT A					I NAME						
227 S. CALHOUN ST. TALLAHASSEE FL 32301			82 Street A			Street A	Address (P.O. Box Number is Not Ad	ceptable)			
' '	ALLANASSEE FE 3	2301			83						
					~						
1					84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of 9	Sections 607 0502 and	607 1508 Florida Statu	tes the s	bove	a-named	corporation submits this statement f			te registered	
office or r agent. I s	registered agent, or t am familiar with, and	ooth, in the State of Floi accept the obligations	rida. Such change was of, Section 607.0505, F	authorize Iorida Sta	d by	the corp	corporation submits this statement for oration's board of directors. I hereb	y accept the ap	pointment as	registered	
SIGNATURE											
12.	Signature, typed or printed	name of registered agent and lit OFFICERS AND DIRE		TE: Registere		ni signature	required when reinstating) ADDITIONS/CHANGES TO	DATE	D DIDECTOR	DC IN 10	
TITLE	PO	OF TOLING AND DINE	DELETE	1.1 1		1	ADDITIONS/CHANGES TO	OFFICENS AN	Change	Addition	
NAME	BRAFFORD, R	ONALD P	—		IAME	}					
STREET ADDRESS	971 PAW PAW					ADDRESS		*			
CITY-ST-ZIP	TALLAHASSEE	FL 32312			HTY-S						
TITLE	STD		DELETE	2.1 T					☐ Change	Addition	
NAME	GIUDICE, WILL			2.2 N	AME						
STREET ADDRESS	1867 CHARDO			2.3 \$	TREET	ADDRESS		4.			
CITY-ST-ZIP	TALLAHASSEE	FL 32311		2.40	CITY-S	ST-ZIP		- .		- 1	
TITLE			DELETE	3.1 T	ITLE				Change	Addition	
NAME				3.2 N	IAME						
STREET ADDRESS				3.3 S	TREET	ADDRESS				ļ	
CITY-ST-ZIP					CITY-S	T-ZIP					
TITLE			☐ DELETE	4.1 T		I			Change	Addition	
NAME					NAME						
STREET ADDRESS						ADDRESS					
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TITLE			☐ DELETE	5.1 T					Change	Addition	
NAME				5.2 N							
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TITLE			L VELETE	6.1 T		1			Change	Addition	
NAME				6.2 N							
STREET ADORESS						ADDRESS					
CITY - ST - ZIP				6.4 C	ITY - \$1	T-ZIP					

14. I 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 cath; that I am an officer or director of the corporation of 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, brown an attachment with an address.

William A. Givdice

850 CRI-5238