02-24-1999 90061 042 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

1999 DIVISION OF CORPORATIONS DOCUMENT # P96000083672

1. Corporation BRAD'S	SNACK BAR, INC.			:		
Principal Place of Business Mailing Address					H (\$165   )110 \$1111 (\$50   115) (\$50	
800 EAST KENNEDY BLVD TAMPA FL 33602 US		4504 ALLENTON AVE BRANDON FL 33511 US	435	Tiverton Drive	DO NOT WRITE IN THI	S SPACE ·
					3. Date Incorporated or Qualifed 10/07/1996	
2. Principal Place of Business		2a. Mailing Address			-4. FEI Number	-Applied For-
21		26			59-3408846	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Cou	untry	8. This corporation owes the current year I	
24	[25]	29	30	-	Personal Property Tax.	∐Yes □No
	9. Name and Address of Currer	_ \	11		10. Name and Address of New Registered	Agent
CARLETON, BRADFORD R 800 E KENNEDY BLVD TAMPA FL 33602			81 Name 82 Street Addres 83	ss (P.O. Box Number is Not Acceptable)		
				84 City	F	
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)  DATE						
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	☐ DELETE	1.1 T	TLE		hange
NAME	CARLETON, BRADFORD R		1.2 N	AME		
STREET ADDRESS	1501 ALLENTON AVE 143.	5 TiveRton 1	1.3 S	TREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511			ITY-ST-ZIP		
TITLE	TD	☐ DELETÉ	2.1 T			☐ Change ☐ Addition
NAME	CARLETON, REBECCA A		2.2 N		•	
STREET ADDRESS	1504 ALLENTON AVE 1435	11 NOLLOW D	·	TREET ADDRESS		,
CITY-ST-ZIP	BRANDON FL 33511	T are care		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 T	1		Charige E Addition
NAME			3.2 N		•	
STREET ADDRESS			1	TREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. ( 4.1 T	CITY-ST-ZIP	<u> </u>	Change Addition
TITLE		ال مادواد		AME		

CITY-ST-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 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6,4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

☐ Change

☐ Change

Addition

Addition