

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90013 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



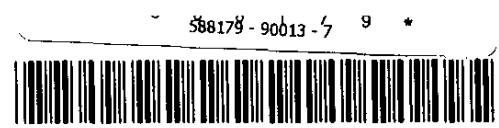
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069099

1. Corporation Name
BAGRAD, INC.

Principal Place of Business
**375 GLENDENING ROAD
ORANGE PARK FL 32073**

Mailing Address
**375 GLENDENING ROAD
ORANGE PARK FL 32073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified
08/08/1997

4. FEI Number
59-3014863

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**WILLIAMS, TOM
280 CORPORATE WAY
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name **Tom Williams**

82 Street Address (P.O. Box Number is Not Acceptable)
1409 Kingsley Ave, STE #1B

83

84 City **ORANGE PARK** FL 85 Zip Code **32073**

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 **Tom Williams** DATE **7/9/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GALLAGHER, SHAWN	
STREET ADDRESS	375 GLENDENING RD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: **Shawn Gallagher** DATE: **7/9/99** **904-278-5566**

CR2E034 (5/99)

588179-90013-7
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BAGRAD, INC.
375 GLENDENING RD
ORANGE PARK, FL 32073

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: BAGRAD, INC.
P97000069099

DEAR SIRs,

WE RECEIVED YOUR CORPORATE ANNUAL REPORT-1999- SECOND NOTICE.
UNFORTUNATELY, WE NEVER RECEIVED THE 1ST NOTICE. THEREFORE, WE HEREBY
REQUEST THAT THE EXTRA FEES ASSOCIATED WITH THE SECOND NOTICE BE WAIVED,
AND THAT YOU ACCEPT OUR PAYMENT AS TENDERED HERE. THANK YOU FOR YOUR
CONSIDERATION IN THIS MATTER.

CORDIALLY,



SHAWN GALLAGHER