2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P97000085793** 04-30-2004 90374 036 ***150.00 BRADLEY'S COUNTRY STORE, INC. Principal Place of Business Mailing Address 10655 CENTERVILLE RD 10655 CENTERVILLE RD TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04292004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3472457 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIST, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32312 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ■ Addition Change TITS F Delete NAME PARKER, JANET B NAME STREET ADDRESS 10655 CENTERVILLE RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE, FL 32309 ☐ Change Addition TITLE ☐ Delete TITLE PAGE, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 10655 CENTERVILLE RD CITY-ST-ZIP CTY+ST-78 TALLAHASSEE, FL 32308 Change TITLE ☐ Delete ☐ Addition TITLE Dennis D Bradley BRADLEY, DENNIS O NAME NAME STREET ADDRESS 10655 CENTERVILLE RD STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIF CITY-ST-ZIP Addition TILE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR INTED NAME OF SIGNING OFFICER OR DIRECTOR 4/29/04

BSO-893-1647