FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

S02312

(4)

BRADFORD HOMES, INC.

	ond fromes, mo.								
Principal Place	of Business	Mailing Address				1 100 (100 5 111 0 5 110 1 110 1 110 1 110 1	W 1981 #7411 WID	11 81811 918	FF WIEN SINII 1861
1501 WATERFORD DRIVE VENICE FL 34292		1501 WATERFORD DRIVE VENICE FL 34292							
						3. Date Incorporated or Qualified 09/20/1990		of Last F 4/28/1 9	
2. Principal Place of Business		2a. Mailing Address 26	¬			4. FEI Number 65-0221757		maran a	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	···			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	Country 25	Ζφ 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes ☐ No			
	g, Name and Address of Curre	nt Registered Agent			***************	10. Name and Address of New I	legistered /	Agent	
				81	Name				
	MICHAEL W.			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
	NTERFORD DRIVE FL 34292			83				-	
:				84	City		FL	85 Z	ip Code
or registere familiar with	o the provisions of Sections 607.050; kt agent, or both, in the State of Flor n, and accept the obligations of, Sec	da. Such change was authorize	ed by the c	ve-na corpo	arned corpo ration's boa	ration submits this statement for the purify of directors. I hereby accept the app	rpose of cha ointment as	inging its registere	registered office d agent. Fam
SIGNATURE.	Signature, typed or printed name of registered agen	t and tole if applicable. (NO	TF: Registered	Agent	signature requir	an whon reinstaing)	OATE		
12.	OFFICERS AN	ID DIRECTORS	13.		···	ADDITIONS/CHANGES TO OF	ICERS AND	DIRECT	ORS IN 12
TITLE	VP	DELETE	1.11	TLE				Change	Addition
NAME	SMITH, MARC P.		1.2 M	ME					
STREET ADORESS	1501 WATERFORD DR		1.3 ST	REET A	DDRESS				
CITY-ST-2IP	VENICE FL		1,4 C1	TY-ST	- ZIP		***********		
TITLE	PD	[]] DELETE	2 1 1	II!			[Change	Addition
NAME	MILLER, MICHAEL W.		2.2 N/	WE					
STREET ADDRESS	1501 WATERFORD DR				ADDRESS				
CITY-ST-ZIP	VENICE FL	ed serve		IY-SI					
TITLE	VDS	XI DELETE	3 1 1			DS COLUMN C		Change	Addit-on
NAME	MCINTYRE, SHAWN R.		3 2 N/		P	arrigh, Jaywe. E 301 waterford Dri	٠		
STREET ADDRESS	1501 Waterford DR Venice Fl.								
CITY-ST-ZIF TITLE	VENIOE FL	DELETE	4 1 T	[Y - S]	- ZiP	ienice fl 3429		Change	Addit on
NAMÉ		L.J OLCCIA	4 2 N				L	only	LJ 1300CON
STREET ADORESS					ADDRESS				
CITY-ST-7/P				HECT A	1				
TiTLE	**************************************	DELFTE	5 1 1		- ZII		354	Change	ncitibbA [
NAME		—	52 N				1 1UU?	21	
STREET ADORESS					ADDRESS	***200.00			
CITY-ST-ZiP				IY-ST				2/0	
10LE		DELETE	617	*******				_ Change	Addition
NAME			62 N				َ ۲۸	V	
STREET ADDRESS					ADDRESS		01/	\nearrow	
CITY-ST-ZIP				TY- \$7			/ / /		
		The state of the s				for the annualism shaked in Continue 440	0.7(0.4)	7.1.0	

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 13 it changed, or on an alkachment with an address.

SIGNATURE:

STEMATURE AND TYPE OF PHINTED NAME OF SCHING OF ICER OF DIRECTOR

6/96

Davrime Phone #