

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

AND

FILED

FEB 20 1994

95 MAY -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001478688
-05/08/95--01040--018
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # S16674

(1)

1. Corporation Name

BRIDLEWOOD DEVELOPMENT CORPORATION

Principal Place of Business

1 WOODLANDS BLVD.
OLDSMAR FL 34677-4827

Mailing Address

1 WOODLANDS BLVD.
OLDSMAR FL 34677-4827

3. Date Incorporated or Qualified

12/06/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0231272

Applied For

Not Applicable

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 has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, R. CARLTON
1253 PARK STREET
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 must be printed name of registered agent and this is acceptable

NOTE: Registered Agent signature required when registering

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSD

NAME

NIERLICH, JOHN K.

STREET ADDRESS

2702 NE 3RD ST.

CITY ST ZIP

POMPANO BEACH FL 33062

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIS, 5/5/95

1/10/95 813 785 57 58