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

Mailing Address 1225 N PINE LAKE DR

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V00503

Principal Place of Business

1225 N PINE LAKE DR

BRADFORD'S OF TAMPA, INC.

TAMPA FL 33612		TAMPA FL 33612			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/17/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-3098474	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.75 A	dditional	
22		27	7		5. Certificate of Status Desired	Fee Rec	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28	В		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.		⊠No
•	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
			1	31 Name			
	DFORD, FUESSEL V.		82 Street Ado		Idress (P.O. Box Number is Not Acceptable)		
	N PINE LAKE DR			0.,000,710			
TAM	PA FL 33612		[1	33			
			ļ	34 City	F	85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ove-named co	rporation submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au	Jthorized I	by the corpora	ation's board of directors. I hereby accept the ap	pomiment as reg	Jistered
•	FUESSEL VBRADFORD	PORCINANT (7		0011/4	Ladford 4-21	7-99	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	Registered A	gent signature requ	uired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	1.1 TITL	E		Change	Addition
NAME	BRADFORD, FUESSEL V.		1.2 NAM	E			
STREET ADDRESS	1225 N PINE LAKE DR		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY	-ST-ZIP			_
TITLE	S	☐ DELETE	2.1 TTL	E		☐ Change	☐ Addition
NAME	MEARES, DIANE B.		2.2 NAM	IE			
STREET ADDRESS	110 W. 131ST AVENUE	•	2.3 STR	EET ADDRESS			'
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP			
TITLE		DELETE 3.1				Change	Addition
NAME			3.2 NAM	ie			
STREET ADDRESS			3.3.STR	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	4.1 TiTL			☐ Change	Addition
NAME			4. 2 NA	νE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETÉ	5.1 TITL	E		Change	☐ Addition
NAME			5.2 NAM	E.			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP	•		5.4 CIT	/-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		☐ Change	Addition
NAME			6.2 NAM	Æ			
OTDEET ADODESO			6.3 STR	EET ADDRESS			

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90062 019 ***150.00



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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP