

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V67568

(8)

1. Corporation Name

BRADLEY'S AUTO SALES, INC.

Principal Place of Business

ATTN: CARL BRADLEY, SR.
1250 PINEY ROAD
NORTH FT. MYERS FL 33903

Mailing Address

ATTN: CARL BRADLEY, SR.
1250 PINEY ROAD
NORTH FT. MYERS FL 33903-3820

3. Date Incorporated or Qualified

09/28/1992

3a. Date of Last Report

03/12/1996

4. FEI Number

65-0359140

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. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 20 Cabana Ave

Suite, Apt. #, etc.

22

City & State

23 N. FT. Myers FL

Zip

24 33903

Country

25 USA

2a. Mailing Address

26 20 Cabana Ave

Suite, Apt. #, etc.

27

City & State

28 N. FT. Myers FL

Zip

29 33903

Country

30 USA

9. Name and Address of Current Registered Agent

BRADLEY, CARL, SR.
1250 PINEY ROAD
NORTH FT. MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name

Bradley, Carl, Sr.

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

20 Cabana Ave

83

84 City

N. Ft. Myers

FL

85 Zip Code

33903

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRADLEY, CARL, SR.	
STREET ADDRESS	1250 PINEY RD	
CITY - ST - ZIP	N. FT. MYERS FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BRADLEY, SUSANNE	
STREET ADDRESS	1250 PINEY RD	
CITY - ST - ZIP	N. FT. MYERS FL	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bradley, Carl, Sr.	
1.3 STREET ADDRESS	20 Cabana Ave.	
1.4 CITY - ST - ZIP	N. FT. MYERS, FL 33903	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bradley, Susanne	
2.3 STREET ADDRESS	20 Cabana Ave.	
2.4 CITY - ST - ZIP	N. FT. MYERS FL 33903	
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

(941) 999-0310

CR2E034 (9/96)