

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90049 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000086160

1. Corporation Name  
**BRADLEY LOGGING, INC.**



Principal Place of Business Mailing Address  
 RT.3 BOX 123 WESTVILLE FL 32464 RT.3 BOX 123 WESTVILLE FL 32464

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1716 BRADLEY ROAD	26	1716 BRADLEY ROAD	10/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				63-1210125	
22. City & State		27. City & State		5. Certificate of Status Desired	
23 WESTVILLE, FL		28 WESTVILLE, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	
32464		32464		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRADLEY, LESLIE S RT.3 BOX 123 WESTVILLE FL 32464				81 Name BRADLEY, LESLIE S.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1716 BRADLEY ROAD			
				83			
				84 City WESTVILLE FL			
				85 Zip Code 32464			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/V/T/D LESLIE SHANNON BRADLEY
STREET ADDRESS		1.3 STREET ADDRESS	ROUTE 3, BOX 123 1716 BRADLEY ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JODY LYNN BRADLEY
STREET ADDRESS		2.3 STREET ADDRESS	ROUTE 3, BOX 123 1716 BRADLEY ROAD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Leslie Shannon Bradley* LESLIE SHANNON BRADLEY 03-01-99 850-951-5118  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)