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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J64055

(3)

BAILEY CONSTRUCTION CO., INC.

FILED								
Feb 06 1997 8:00am								
Secretary of State								

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Principal Place	e of Business	Mailing Address	Mailing Address			-			
% SHARON BAILEY, P.O. BOX 950821 BOX 950821		% SHARON BAILEY, P.I BOX 950821	% Sharon Bailey, P.O. Box 950821 Box 950821			·			
LAKE MARY FL	32795-7821	LAKE MARY FL 32785-C	LAKE MARY FL 32785-0821			3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1987 03/05/1996		Report	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		pplied For	
21		26				59-2786559			
Suite, Apt.	#, etc	Suite, Apt. #, etc.						Additional	
22		27	h1			5. Certificate of Status Desired		lequired	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution		to Fees	
Zip	Country	Zıp	Cou	untry		8. This corporation has liability for in	tangible tax under	s. 199.032,	
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Rec	listered Agent		
BAIL	EY, SHARON			81	Name				
	WASHINGTON AVE			82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
	E MARY FL 32746						-,		
	B III H () C WEI IV			83					
				84	City		FL 85 Zig	Code	
l office or r	enister∙d agent, or both, in the S	tate of Florida. Such change wa	as authorize	ed by	the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing	its registered s registered	
agent. La	m faction with, and accept the of	bligations of, Section 607,0505,	Florida Sta	tutes	7			Ĭ	
SIGNATURE	V Charon Carley	Sharon Baile	1 Se	C	I vea	surer 1-	3-97 DATE	·	
	Harnsture: typicd or printed name of regis ere	d agent and tice if applicable (I	9OTE: Registere	ed Age	nt signature requ	pired when reinstating) ADDITIONS/CHANGES TO OFFIC		DC IN 12	
12.		DELETE	1.1 T	4T1 E		ADDITIONS/OFFANGES TO OFFIC	Change	Addition	
TITLE	STD						EL Sidingo	C. J. Addition	
NAME	BAILEY, SHARON		1.2 N						
STREET ADDRESS				ADDRESS					
CITY-SI-7IP			HTY - S	1 · ZIP		Change	Addition		
TITLE	PD DODEDT D	L PECETE					<u></u>		
NAME	BAILEY, ROBERT P.	•		2 2 NAME 2 3 STREET ADDRESS					
STREET ADDRESS	222 WASHINGTON AVE							· .	
CITY-S1-ZIP	LAKE MARY FL	DELETE			ST-ZIP		☐ Change	Addition	
TITLE		☐ ptreit	3.1 7				FTI CHRINGS	First Modition	
NAME				AME	*DEDECC				
STREET ADDRESS					ADDRESS				
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NAME				NAME	1000000				
STREET ADDRESS					ADDRESS				
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NAME				NAME					
STREET ADDRESS					ADDRESS				
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TITLE		☐ DELET e		TITLE		•	ii Gnange		
NAME	İ			NAME				ļ	
STREET ADDRESS					ADDRESS				
City-St-zip	<u> </u>		6.4 (CITY-S	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 3 if changed, or on an attachment with an address.