

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

95 APR 28 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S94942 (7)

1. Corporation Name

BAILEY'S RETREAT, INCORPORATED

Principal Place of Business

RT. 4 BOX 6338-3
COUNTY ROAD 365
CRAWFORDVILLE FL 32327

Mailing Address

RT. 4 BOX 6338-3
COUNTY ROAD 365
CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/18/1991

3a. Date of Last Report

04/25/1994

4. FEI Number

59-3104942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 22 Hammock Trace

Suite, Apt. #, etc.

22

City & State

23 Crawfordville, FL

Zip

24 32327

Country

2a. Mailing Address

26 22 Hammock Trace

Suite, Apt. #, etc.

27

City & State

28 Crawfordville, FL

Zip

29 32327

Country

30

9. Name and Address of Current Registered Agent

MILLER, PHILLIP B.
RT. 4 BOX 6338-3
COUNTY ROAD 365
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name

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

22 Hammock Trace

83

84 City

Crawfordville

FL

85 Zip Code

32327

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 consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BAILEY, NED
STREET ADDRESS	831 JOHNSON WALK
CITY - ST - ZIP	STOCKBRIDGE GA
TITLE	VS
NAME	MILLER, LOIS B.
STREET ADDRESS	RT 1 BOX 50, HWY 255
CITY - ST - ZIP	LEE FL
TITLE	T
NAME	TAYLOR, JUDY
STREET ADDRESS	RT 1 BOX 111C
CITY - ST - ZIP	LANONT FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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)(k), 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:

Lois B. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-25-95

904-971-5578