FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jul 07 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 # **S94942** **(7)**

1. Corporation Name
BAILEY'S RETREAT, INCORPORATED

Principal Place of Business
22 HAMMOCK TRACE
COUNTY ROAD 365
CRAWFORDVILLE FL 32327
US

Mailing Address
22 HAMMOCK TRACE
COUNTY ROAD 365
CRAWFORDVILLE FL 32327-1540
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **11/18/1991**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-3104942** 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

9. Name and Address of Current Registered Agent
MILLER, PHILLIP B.
22 HAMMOCK TRACE
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)
83
84 City **FL** 85 Zip Code

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 of applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BAILEY, NED		1.2 NAME	
STREET ADDRESS	259 SEAWOLF CT.		1.3 STREET ADDRESS	170 Levy Bay Rd.
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	Panacea, FL 32346
TITLE	VS	☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	MILLER, LOIS B.		2.2 NAME	VS
STREET ADDRESS	RT 1 BOX 50, HWY 255		2.3 STREET ADDRESS	Anderson, Mary Ann
CITY-ST-ZIP	LEE FL		2.4 CITY-ST-ZIP	P.O. Box 5 (N/A)
TITLE	T	☒ DELETE	3.1 TITLE	Lee, FL 32059 ☐ Change ☐ Addition
NAME	TAYLOR, JUDY		3.2 NAME	
STREET ADDRESS	RT 1 BOX 111C		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAMONT FL 32336		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

300002232329
-07/08/97--01022--006
***550.00

7-7 JR

CR2E034 (9/96)

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: _____ 6-28-97 973-2871