

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 294703 (4)

1. Corporation Name  
BAILEY GROVES, INC.



Principal Place of Business  
1331 HWY 655  
AUBURNDALE FL 33823

Mailing Address  
1331 HWY 655  
AUBURNDALE FL 33823

3. Date Incorporated or Qualified 07/12/1965 3a. Date of Last Report 01/13/1995

21	21. Principal Place of Business Suite, Apt. #, etc.	26	26. Mailing Address Suite, Apt. #, etc.	4.	4. FEI Number 59-1097616	Applied For Not Applicable
22	22. City & State	27	27. City & State	5.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BAILEY, R WAYNE  
1331 HWY 655  
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81	81. Name
82	82. Street Address (P.O. Box Number is Not Acceptable)
83	83. City
84	84. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, R WAYNE	1.2 NAME	
STREET ADDRESS	785 BERKLEY RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, THOMAS E.	2.2 NAME	
STREET ADDRESS	2047 RYAN RD. SE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, ROBERT F	3.2 NAME	
STREET ADDRESS	1331 HWY 655	3.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERWAY, ANN	4.2 NAME	
STREET ADDRESS	3860 BLOSSOM ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	4.4 CITY - ST - ZIP	
TITLE		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		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 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:

*R. Wayne Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

1-15-96  
Date

Daytime Phone #

CR2E034 (12/95)