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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 298993

1. Corporation Name

BAILEY & BAILEY INC

Principal Place of Business	Mailing Address		
333 WEST HAITI AVENUE CLEWISTON FL 33440	333 WEST HAITI AVENUE CLEWISTON FL 33440		

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90007 049 \*\*\*150.00



Principal Place	e of Rusiness	Mailing Address			- 12.0	-	<b>Bior</b> sus <b>Bib</b> il <b>D</b>	1911 81831 81911 93	III DIDIL 1881	
333 WEST HAITI AVENUE 333 WEST HAITI AVENUE										
CLEWISTON FL 33440 CLEWISTON FL 33440										
						DO NOT WR		SPACE		
						3. Date Incorporated or Qualifed				
						11/23/1965				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	olied For	
21		26				59-0578904			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22		27				<b>.</b>		Fee Rec	luired	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00		
23		28			_	Trust Fund Contribution		Added to	Fees	
Zip	Zip Country Zip C		Cou	intry	,		rent year Int			
24	25	29	30			Personal Property Tax.	D		□No	
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New	Kegisterea .	Agent		
RAD	RBER, MARGARET			61	Name 					
1	OAK DRIVE			82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
1	WISTON FL 33440					·				
, ,	WO (OR 1 E 35440			83		•			Ì	
	•			84	City		·	85 Zip C	ode	
					-		<u> </u>	<u> </u>		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida State	utes, the a	bove	e-named corpo	pration submits this statement for the n's board of directors. I hereby acce	e purpose of	changing its of	registered	
office or r	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was ligations of, Section 607.0505, F	autnorized Iorida Stati	utes	the corporation	is board of directors. Thereby acce	pt the appoi	manent as reg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_		<u>.</u>								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NO	ΓE: Registered	Agen	t signature required		DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS AN			
TITLE	STD	☐ DELÉTE	11 TI	TLE	ļ			Change	Addition	
NAME	BAILEY, MURIEL M.		1.2 N	AME					ļ	
STREET ADDRESS			1.3 ST	TREET	ADDRESS				1	
CITY-ST-ZIP	CLEWISTON FL		1.4 CI	πy-s:	r-ziP					
TITLE	VD	☐ DELETE	2.1 Tr	TIE						
NAME	BAILEY, DONALD W.			· LL				☐ Change	Addition	
STREET ADDRESS	RT 1		22 N					☐ Change	Addition	
CITY-ST-ZIP				AME	ADDRESS			☐ Change	Addition	
	RENTZ GA			AME TREET				Change	_	
TITLE	RENTZ GA	☐ DELETE	2.3 \$1	AME TREET		-		☐ Change	Addition  - Addition	
NAME		☐ DELETE	2.3 ST 2.4 C	AME TREET CITY-S TLE		-			_	
	P BARBER, MARGARET B.	☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 N/	AME TREET SITY-S TLE AME					_	
NAME STREET ADDRESS	P BARBER, MARGARET B.	☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 N/	AME TREET TILE AME TREET	T-ZIP				_	
NAME	P BARBER, MARGARET B. U.S. 27	☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST	AME TREET TLE AME TREET	T-ZIP	,-			_	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BARBER, MARGARET B. U.S. 27		2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4. C	AME TREET TLE AME TREET TREET	T-ZIP	,-		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BARBER, MARGARET B. U.S. 27 LAKE HARBOR FL		2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N/	AME TREET TLE AME TREET TREET TLE ITY-S TLE	T-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BARBER, MARGARET B. U.S. 27 LAKE HARBOR FL		2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	AME TREET TLE AME TREET TITY-S TLE IAME	T ADDRESS T ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBER, MARGARET B. U.S. 27 LAKE HARBOR FL		2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	AME TREET TILE AME TREET TREET TREET TILE TREET TILE TREET TREET	T ADDRESS T ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BARBER, MARGARET B. U.S. 27 LAKE HARBOR FL	☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI	AME TREET TILE AME TREET TREET TREET TREET TREET TREET	T ADDRESS T ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BARBER, MARGARET B. U.S. 27 LAKE HARBOR FL	☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4 C 4.1 TF 4.2 N/ 4.3 ST 4.4 CF 5.1 TF 5.2 N/	TREET THE TREET THE TREET TREET TREET TREET TREET TREET TREET TREET TREET	T ADDRESS T ADDRESS			☐ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBER, MARGARET B. U.S. 27 LAKE HARBOR FL	☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 4.4 CI 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST 5.4 CI 6.1 TI 6.2 NV	AME TREET TLE AME TREET TLE IMPS TLE AME TREET TTY-S TLE AME TREET TTY-S TLE AME TREET TTY-S TLE AME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			Change	Addition  Addition	

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.

6.4 CITY-ST-ZIP

UR Muriel M. Bailey

941-983-<u>63</u>8