

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90010 035 \*\*\*150.00

DOCUMENT # **473521**

1. Corporation Name

**BAILLIE INVESTMENTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**101 U S 27 SOUTH  
SEBRING FL 33870**

Mailing Address  
**101 U S 27 SOUTH  
SEBRING FL 33870**

3. Date Incorporated or Qualified

**04/03/1975**

4. FEI Number

**59-1627118**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**BAILLIE, RAY  
1920 S.W. LAKEVIEW DR.  
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name

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

**101 U.S. 27 South, Sebring, FL 33870**

83

84 City **Sebring**

**FL**

85 Zip Code  
**33870**

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PST  
BAILLIE, RAY  
1920 S.W. LAKEVIEW DR.  
SEBRING FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
BAILLIE, RAY  
1920 S.W. LAKEVIEW DR.  
SEBRING FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD  
BAILLIE, JOHN B.  
1920 S.W. LAKEVIEW DR.  
SEBRING FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
BAILLIE, CHARLOTTE SUE  
1920 S.W. LAKEVIEW DR.  
SEBRING FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**101 U. S, 27 South  
Sebring, FL 33870**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**101 U. S. 27 South  
Sebring, FL 33870**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**101 U. S. 27 South  
Sebring, FL 33870**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**D  
KATHRYN CAROL BAILLIE  
101 U. S. 27 South  
Sebring, FL 33870**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

*Ray Baillie* Ray Baillie  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

Date

941/382-6266

Daytime Phone #

CR2E034 (1/98)