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 # 616043

BAILEY MOTORS, INC.

DRILLI	mo tono, mo							
Principal Place of Business Mailing Address						((00)(00)(00)(00)(00)(00)(00)(00)(00)(0		
12087 62 STREET NORTH C/O 2700 FIRST A' LARGO FL 34643 ST PETERSBURG F						DO NOT WRITE IN THIS	SPACE	
US						3. Date Incorporated or Qualifed 04/02/1979		
2. Principal Place of Business 2a. Mailing Address					•	4. FEI Number	Api	olied For
1	The same of the sa	26				59-1360577	No	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				. 5. Certifcate of Status Desired · .	\$8.75 Additional Fee Required	
City & Stat	te .	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	□No
••1	9. Name and Address of Curren	Registered Agent			_	10. Name and Address of New Registered	Agent	
				81	Name			
	HARDT, JAMES W			82	Street Add	dress (P.O. Box Number is Not Acceptable)		·-
2700) 1ST AVE NORTH				Oll CCL Fide			
ST F	PETERSBURG FL			83				
					5 "		85 Zip C	`odo
				84	City	FL	_ 85 Zip C	,oue
SIGNATURE	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·	E: Registered	i Agen	t signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
12.	OFFICERS AN	DELETE	1.1 11	m c		ADDITIONATIONAL TO CALL TO CALL	Change	Addition
TITLE	DP INCK IACK II		1.2 N					
NAME	BAILEY, JACK H							
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	LARGO FL				T-ZIP		☐ Change	Addition
TITLE	VST CAROL BORIN							
NAME	BAILEY, CAROL ROBIN	r	2.2 N		4000000			
STREET ADDRESS			7 .	~ .	ADDRESS	the second of th	·	
CITY-ST-ZIP	L'ARGO FL	☐ DELETE	2. 4 C	ITY-S	1-21		Change	Addition
TITLE		bccc1c	3.7 N					_
NAME					ADDRESS			
STREET ADDRESS				ITY-S]			}
TITLE		☐ DELETE	4.1 T		1-211		Change	Addition
NAME			4.21			•		
					ADDRESS			
STREET ADDRESS				ITY-S1				
TITLE		☐ DELETE	5.1 Ti	_	- elF		☐ Change	☐ Addition
NAME			5.2 N					
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP	Ί.			rry-s1		•		
TITLE		☐ DELETE	6.1 T				Change	☐ Addition
NAME			6.2 N	AME		•		
STREET ADDRESS			6.3 S	TREET	ADDRESS			

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

SIGNATURE:

CITY-ST-ZIP

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90019 038 ***150.00