FILE NOW: FILING FEE AFTER MAY 1 IS $220.00

ACCEPTED AND FILED

CORPORATION ANNUAL REPORT

1995

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

'95 APR 21 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003343 (0)**

1. Corporation Name

BAILEY TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
315 BOND ST. SUITE 105 ROYSTON GA 30662	315 BOND ST. SUITE 105 ROYSTON GA 30662

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 436 Hartwell Street	26 P.O. Box 557
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Royston, Georgia	City & State 28 Royston, Georgia
Zip 24 30662 / County 25 Hart	Zip 29 30662 / County 30 Franklin

4. FEI Number: 58-1884097 | 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BAILEY, GERALD	1.2 NAME	Bailey, Gerald	
STREET ADDRESS	315 BOND ST.	1.3 STREET ADDRESS	436 Hartwell Street	
CITY-ST-ZIP	ROYSTON GA 30662	1.4 CITY-ST-ZIP	Royston, GA 30662	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	BAILEY, MARLA	2.2 NAME	Bailey, Marla	
STREET ADDRESS	315 BOND ST.	2.3 STREET ADDRESS	436 Hartwell Street	
CITY-ST-ZIP	ROYSTON GA 30662	2.4 CITY-ST-ZIP	Royston, GA 30662	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ADAMS, ROMEO	3.2 NAME	Adams, Romeo	
STREET ADDRESS	315 BOND ST.	3.3 STREET ADDRESS	436 Hartwell Street	
CITY-ST-ZIP	ROYSTON GA 30662	3.4 CITY-ST-ZIP	Royston, GA 30662	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ADAMS, JULIAN	4.2 NAME	Adams, Julian	
STREET ADDRESS	315 BOND ST.	4.3 STREET ADDRESS	436 Hartwell Street	
CITY-ST-ZIP	ROYSTON GA 30662	4.4 CITY-ST-ZIP	Royston, GA 30662	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: _____ 4-18-95 706 2850081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gerald Bailey

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