

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 # F94000003343 (0)

1. Corporation Name

BAILEY TECHNICAL SERVICES, INC.



Principal Place of Business

Mailing Address

436 HARTWELL STREET
ROYSTON GA 30662
US

PO BOX 557
SUITE 105
ROYSTON GA 30662
US

3. Date Incorporated or Qualified
06/24/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 24 Hartwell Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Royston, GA

28

Zip

Country

Zip

Country

24 30662

25

Franklin

29

30

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

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 PD ☐ DELETE
NAME BAILEY, GERALD
STREET ADDRESS 436 HARTWELL STREET
CITY-STATE-ZIP ROYSTON GA

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Bailey, Gerald
1.3 STREET ADDRESS 24 Hartwell Street
1.4 CITY-STATE-ZIP Royston, GA 30662

TITLE ST ☐ DELETE
NAME BAILEY, MARLA
STREET ADDRESS 436 HARTWELL STREET
CITY-STATE-ZIP ROYSTON GA

2.1 TITLE ST ☒ Change ☐ Addition
2.2 NAME Bailey, Marla
2.3 STREET ADDRESS 24 Hartwell Street
2.4 CITY-STATE-ZIP Royston, GA 30662

TITLE D ☐ DELETE
NAME ADAMS, ROMEO
STREET ADDRESS 436 HARTWELL STREET
CITY-STATE-ZIP ROYSTON GA

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Adams, Romeo
3.3 STREET ADDRESS 24 Hartwell Street
3.4 CITY-STATE-ZIP Royston, GA 30662

TITLE D ☐ DELETE
NAME ADAMS, JULIAN
STREET ADDRESS 436 HARTWELL STREET
CITY-STATE-ZIP ROYSTON GA

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Adams, Julian
4.3 STREET ADDRESS 24 Hartwell Street
4.4 CITY-STATE-ZIP Royston, GA 30662

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald L. Bailey 4-16-96 (706)245-0081

Date

Daytime Phone #

CR2E034 (12/95)