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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004348 (7)
 1. Corporation Name
WILLIAM E. DAILEY, INC.



Principal Place of Business RR1A, BOX 51, RTE 7A SHAFTSBURG VT 05262 US	Mailing Address RR1A, BOX 51, RTE 7A SHAFTSBURG VT 05262-9706 US
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3. Date Incorporated or Qualified 09/06/1995	3a. Date of Last Report 06/27/1996
4. FEI Number 03-0191348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BIRCH, DEAN W ESQUIRE
 GATLIN & BIRCH, P.A.
 620 TWIGGS STREET, DIXON BUILDING
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DAILEY, WILLIAM E III	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRICH ROAD	1.2 NAME	
STREET ADDRESS	SHAFTSBURY VT 05262	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VDST DAILEY, MICHAEL J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIRPORT ROAD	2.2 NAME	
STREET ADDRESS	SHAFTSBURY VT 05262	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V DAILEY, RICHARD J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAN ROAD	3.2 NAME	
STREET ADDRESS	NO. BENNINGTON VT 05257	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V DAILEY, TIMOTHY J	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLD SPRING ROAD	4.2 NAME	
STREET ADDRESS	NO. BENNINGTON VT 05257	4.3 STREET ADDRESS	4051 Carlyle Lakes Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Harbor, Florida 34685
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Michael J. Dailey* Michael J. Dailey 1-13-97 (802) 442-9923
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)