


FILED

Jan 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																								
<b>DOCUMENT # F95000004348 (7)</b>																																																																																																																										
1. Corporation Name <b>WILLIAM E. DAILEY, INC.</b>																																																																																																																										
Principal Place of Business <b>RR1A, BOX 51, RTE 7A</b> <b>SHAFTSBURG VT 05262</b> <b>US</b>	Mailing Address <b>RR1A, BOX 51, RTE 7A</b> <b>SHAFTSBURG VT 05262-9706</b> <b>US</b>																																																																																																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30																																																																																																																									
9. Name and Address of Current Registered Agent																																																																																																																										
<b>BIRCH, DEAN W ESQUIRE</b> <b>GATLIN &amp; BIRCH, P.A.</b> <b>620 TWIGGS STREET, DIXON BUILDING</b> <b>TAMPA FL 33602</b>		81 Name 82 Street Address 83 84 City																																																																																																																								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.																																																																																																																										
SIGNATURE _____ (NOTE: Registered Agent signature required)																																																																																																																										
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12.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 50%;">PD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> <td style="width: 15%;">1.1 TITLE</td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>DAILEY, WILLIAM E III</td> <td></td> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>EHRICH ROAD</td> <td></td> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SHAFTSBURY VT 05262</td> <td></td> <td>1.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VDST</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>2.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>DAILEY, MICHAEL J</td> <td></td> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>AIRPORT ROAD</td> <td></td> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SHAFTSBURY VT 05262</td> <td></td> <td>2.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>3.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>DAILEY, RICHARD J</td> <td></td> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PARAN ROAD</td> <td></td> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NO. BENNINGTON VT 05257</td> <td></td> <td>3.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>4.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>DAILEY, TIMOTHY J</td> <td></td> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>COLD SPRING ROAD</td> <td></td> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NO. BENNINGTON VT 05257</td> <td></td> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>5.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>5.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>6.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		NAME	DAILEY, WILLIAM E III		1.2 NAME		STREET ADDRESS	EHRICH ROAD		1.3 STREET ADDRESS		CITY - ST - ZIP	SHAFTSBURY VT 05262		1.4 CITY - ST - ZIP		TITLE	VDST	<input type="checkbox"/> DELETE	2.1 TITLE		NAME	DAILEY, MICHAEL J		2.2 NAME		STREET ADDRESS	AIRPORT ROAD		2.3 STREET ADDRESS		CITY - ST - ZIP	SHAFTSBURY VT 05262		2.4 CITY - ST - ZIP		TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE		NAME	DAILEY, RICHARD J		3.2 NAME		STREET ADDRESS	PARAN ROAD		3.3 STREET ADDRESS		CITY - ST - ZIP	NO. BENNINGTON VT 05257		3.4 CITY - ST - ZIP		TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE		NAME	DAILEY, TIMOTHY J		4.2 NAME		STREET ADDRESS	COLD SPRING ROAD		4.3 STREET ADDRESS		CITY - ST - ZIP	NO. BENNINGTON VT 05257		4.4 CITY - ST - ZIP		TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		NAME			5.2 NAME		STREET ADDRESS			5.3 STREET ADDRESS		CITY - ST - ZIP			5.4 CITY - ST - ZIP		TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		NAME			6.2 NAME		STREET ADDRESS			6.3 STREET ADDRESS		CITY - ST - ZIP			6.4 CITY - ST - ZIP		13.
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3. Date Incorporated or Qualified <b>09/06/1995</b>		3a. Date of Last Report <b>06/27/1996</b>	
4. FEI Number <b>03-0191348</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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			
10. Name and Address of New Registered Agent			
ess (P.O. Box Number is Not Acceptable)			
FL		85	Zip Code
orporation submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered			
ed when (reinstating)		DATE	
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change		<input type="checkbox"/> Addition	
51 Carlyle Lakes Blvd. alm Harbor, Florida 34685			
<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Dailey

Ua:

1-13-97

(802) 442-9923

Daytime Phone #

132

CR2E034 (9/96)