

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90099 034 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004348

1. Corporation Name
WILLIAM E. DAILEY, INC.



Principal Place of Business RR1A, BOX 51, RTE 7A SHAFTSBURY VT 05262 US	Mailing Address RR1A, BOX 51, RTE 7A SHAFTSBURY VT 05262 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1995	4. FEI Number 03-0191348	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	VDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, RICHARD J	3.2 NAME	
STREET ADDRESS	PARAN ROAD	3.3 STREET ADDRESS	TWITCHELL HILL ROAD
CITY-ST-ZIP	NO. BENNINGTON VT 05257	3.4 CITY-ST-ZIP	SHAFTSBURY, VT 05262
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, TIMOTHY J	4.2 NAME	
STREET ADDRESS	4051 CARLYLE LAKES BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AHEARN, JOHN M.
STREET ADDRESS		5.3 STREET ADDRESS	103 LEONARD STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BENNINGTON, VT 05201
TITLE	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: Michael J. Dailey, Sec. 1999 Date: 1/25/99 Daytime Phone #: 802 442-9923

CR2E034 (11/98)