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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H70240

CARL A. BAILEY, II, INC.

Principal Place of Business

Mailing Address



97 HAY 19 AM 11:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

|--|--|

811 SW 44TH 5 CAPE CORAL F		811 SW 44TH ST. CAPE CORAL FL 33914	-6372						
							ate of Last Report 01/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1	Ĺ	Applied For	
21		26			59-2585374			Not Applicable	
Suite, Apt. #, etc.		Suile, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be		
23		28	28		Trust Fund Contribution		Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation has liability for in			ler s. 199.032,	
24	9. Name and Address of Curre	29 ant Registered Agent	30		Florida Statutes 10. Name and Address of New Rec	Yes _			
DAIL	EY, CARL A., II	ur neglereren waarn	81	Name	10, Name and Address of New Heg	JISTOTOG A	gent	·	
	SW 9TH AVE								
	E CORAL FL		82 Street Add		ddress (P.O. Box Number is Not Acceptable)				
₩ 1	· · ·		83						
			84	City			85	Zıp Code	
						FL			
SIGNATURE	in familiar with, and accept the oblig		Florida Statutes		poration submits this statement for the pution's board of directors. I hereby acceptions the properties of the properties.	DATE		as registored	
12.		ND DIRECTORS	13.	- Cognision Trees	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN 12	
TITLE	PVST	DELETE	1.1 TITLE				Chai		
NAME	BAILEY, CARL A., II		1.2 NAME		9000022	015	5:9:	35	
STREET ADDRESS	811 S.W. 44TH ST.	,	1.3 STREET	ADDRESS	-06/04/9	1701	$.078^{\circ}$	001	
CITY-ST-ZIP TITLE	CAPE CORAL FL	DELETE	14 CITY-S	1-719	****560	1.00		173.75	
NAME		L'1 percié	2 1 1 1 T L E 2 2 NAME				Chai	nge Additio	
STREET ADDRESS			2 3 STREET	AODRESS					
CITY-ST-ZIP			2. 4 City-5						
TITLE		DELETE	3.1 TITLE				Cha	nge 🔲 Additio	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP		btiere	3.4. C(1Y - 5	ST-ZIP				1.120	
TITLE NAME		☐ DELETE	4.1 TITLE				Char	nge 🔲 Addition	
STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE		DELFIE	5.1 TITLE				Char	nge 🔲 Addition	
NAME			5.2 NAME					_	
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T - 71P					
TITLE		☐ DELETE	6.1 TITLE				Char	ige Addition	
NAME			6.2 NAME				0	C	
STREET ADDRESS			63 STREET				ر	S 5/19/97	
CITY-ST-7IP			P. VIII NA	מול. ז				7/11//	

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. 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.