

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90218 050 ***150.00

DOCUMENT # J27645

1. Corporation Name

BAILEY'S FARMERS MARKET, INC.

Principal Place of Business

% DAVID E. BAILEY
1211 FAIRFIELD DRIVE
PENSACOLA FL 32501

Mailing Address

% DAVID E. BAILEY
1211 FAIRFIELD DRIVE
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1986

4. FEI Number

59-2731213

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1211 FAIRFIELD DR.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 PENSACOLA FLA

City & State

28

Zip

24 32501

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BAILEY, DAVID E.
1211 FAIRFIELD DRIVE
PENSACOLA FL 32501

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BAILEY, DAVID E.
STREET ADDRESS 6306 VICKSBURG DRIVE
CITY-ST-ZIP PENSACOLA FL ☒ DELETE

TITLE D
NAME BAILEY, WILLIE P.
STREET ADDRESS 6306 VICKSBURG DRIVE
CITY-ST-ZIP PENSACOLA FL ☒ DELETE

TITLE D
NAME BAILEY, DONALD SCOTT
STREET ADDRESS 630 BURGESS RD.
CITY-ST-ZIP PENSACOLA FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DOUGLAS L. BAILEY
1.3 STREET ADDRESS 2335 W. 9 mi. Rd.
1.4 CITY-ST-ZIP PENSACOLA, FL 32534 ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME BARBARA BAILEY
2.3 STREET ADDRESS 2335 W 9 mi. Rd
2.4 CITY-ST-ZIP PENSACOLA, FL 32534 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-99 850-434-7644

CR24034 (11/98)