

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90078 020 ***158.75

UDZ 104*

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J64055**

1. Corporation Name
BAILEY CONSTRUCTION CO., INC.



Principal Place of Business Mailing Address
 % SHARON BAILEY, P.O. BOX 950821 % SHARON BAILEY, P.O. BOX 950821
 BOX 950821 BOX 950821
 LAKE MARY FL 32795-7821 LAKE MARY FL 32795-7821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1987

4. FEI Number Applied For
59-2786559 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

BAILEY, SHARON
222 WASHINGTON AVE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name **ROBERT P. BAILEY**
 82 Street Address (P.O. Box Number is Not Acceptable)
222 WASHINGTON AVE.
 83
 84 City **LAKE MARY** FL 85 Zip Code **32746**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert P. Bailey* **ROBERT P. BAILEY PRES.** **APRIL 26, 1999**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, SHARON	
STREET ADDRESS	222 WASHINGTON AVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAILEY, ROBERT P.	
STREET ADDRESS	222 WASHINGTON AVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARCELA C. HARDY	
1.3 STREET ADDRESS	222 WASHINGTON AVE.	
1.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Robert P. Bailey* **ROBERT P. BAILEY** 426-99 407-283-2880
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)