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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000011557 (2)

1. Corporation Name

ROBERT S. BAILEY CONST., INC.

Principal Place of Business

60 NORTHEAST 11TH STREET  
HOMESTEAD FL 33030  
US

Mailing Address

60 NORTHEAST 11TH STREET  
HOMESTEAD FL 33030-4616  
US

2. Principal Place of Business

2a. Mailing Address

21 3488 Durrance Ln

26 PO Box 731135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ormond Beach FL

28 Ormond Beach FL

Zip

Country

Zip

Country

24 32173

25 Volusia

29 32173-1135

30 Volusia

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, ROBERT S  
60 NORTHEAST 11TH STREET  
HOMESTEAD FL 33030

81 Name  
Robert S. Bailey  
82 Street Address (P.O. Box Number is Not Acceptable)  
3488 Durrance Ln  
83 PO Box 731135  
84 City  
Ormond Beach FL 85 Zip Code  
32173

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 Robert S. Bailey President

Robert S. Bailey

April 11, 1997

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PO BAILEY, ROBERT S	60 NE 11TH ST	HOMESTEAD FL	<input type="checkbox"/>
	SD BAILEY, ROBERT S II	60 NE 11TH ST	HOMESTEAD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
	PO Bailey Robert S.	PO Box 731135	Ormond Beach FL 32173-1135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SD Bailey Robert S II	PO Box 731135	Ormond Beach FL 32173-1135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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. 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

SIGNATURE: Robert S. Bailey

4/11/97

904-672-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)