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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DOCUMENT # P95000070445

Principal Place of Business

BAILEY CARPENTRY INC.

FILED Apr 26, 1999 8:00 am Secretary of State Katherine Harris Secretary of State DIVISION OF CORPORATIONS 04-26-1999 90161 029 ***150.00

2620 YULE TREE DR EDGEWATER FL 32141 US 2620 YULE TREE DR EDGEWATER FL 32141 US 2620 YULE TREE DR EDGEWATER FL 32141			DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 09/11/1995						
2. Principa Place of Business 2a. Mailing Address			4. FEI Number			Applied For			
<u>⊢</u>	(17 Queen Palm Dr 26 3307 Queen Palm DR		59-3334339			Not Applicable			
Suite, Apt.			Suite, Apt. #, etc.					\$8.75	5 Additional
22			27			5. Certificate of Status	Desired	Fee	Recuired
City & S at			City & State		6. Electio i Campaign	Financing	\$5.0	10 May Be	
23 Edgewa	ter_ F1		28 Edgewater	⊢ Éleccia bara El		Trust Fund Contrib	ution	Adde	d to Fees
Zip	Coun	itry	Zip	Cou	ntry	8. This corporation ow	es the current year Ir	ntangible	
3214	1 25	USA	32141	30	USA	Personal Property		☐ Yes	X XNo
	9. Name and Add	ess of Current	Registered Agent			10. Name and Addres	s of New Registere	d Agent	
					81 Name				
	ey, scott r				82 Street	Address (P.O. Box Number is I	Not Acceptable)		
	YULE TREE DR					307 <u>Queen ⁹alm Dr</u>			
EDGI	EWATER FL 32141				83				
					84 City			. 85 Z	in Code
						Edgewater	F		ip Code 3 2 1 4 1
11. Pursua it	to the provisions of Se	ctions 607.0502	and 607.1508, Florida Sta	tu es, the a	ove-named	co-poration submits this staten	ent for the purpose	of changing	its registered
l office err	agistared agent, or ha	th in the State a	Florida, Such change was ons of, Section 607.0505, F	: :.uthorize(DV IDA COTE	oration's board of cirectors. I he	ereby accept the app	ointment as	registerea
_	III lailipai widi, and a	r^2	3/15 01, GGGLIGH 001.0000, 1	Kinda Olar			4-19-	.95	
SIGNATURE	Signature, typed or printed na	r in e of registered agent	and title if applicable (NC	OTI: Registered	Agent signature	required when reinstating)	4-19- DATE		 {
12.	organization specification	OFFICERS AND		13.		ADDITIONS/CHANG	ES TO OFFICERS /	ND DIREC	TOFS IN 12
TITLE	PVS		☐ DELETE	1,1 TF	lΕ				
NAME	BAILEY, SCOTT R	1		1.2 N/	ME				
STREET ADORESS	2620 YULE TREE				REET ADDRESS	3307 Queen Palm	Dr		
CITY-ST-ZIP	EDGEWATER FL				Y-ST-ZIP	Edgewater Fl 32			Į
TITLE	T	26171	☐ DELETE	2.1 TI		Lugewater 11 JE	·	Chang	ge
NAME	l :		_	2.2 N				^	
1	BAILEY, PAULA	וייטווייני			REET ADDRESS	3307 Queen Palm	n Dr		
STREET ADDRESS	2620 YULE TREE			1	TY-ST-ZIP	Edgewater F1 3:			
CITY-ST-ZIP	EDGEWATER FL 3	32141	☐ DELETE	2.4 C				Chang	ge Addition
TITLE				b		}			
NAME				3.2 N					
STREET ADDRESS	-				REET ADDRESS				
CITY-ST-ZIP	_	 	☐ DELETE		TY-ST-ZIP	 		Chang	ge
TMLE				4.1 TI					,~
NAME				4.2 N					1
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP					TY-ST-ZIP	 			ge
TITLE			☐ DELETE	5.1 T				Chang	Je D Addition
NAME				5.2 N					
STREET ADDRES S				·	REET ADDRESS				1
CITY-ST-ZIP					TY-ST-ZIP	<u> </u>			
TITLE			☐ DELETE	6.1 Ti				Chang	ge Addition
NAME				62 N	ME				
STREET ADDRES S				63S	REET ADDRESS				
CITY-ST-ZIP				6.4 CI	TY-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 of 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: