

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
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90019 002 ***150.00

DOCUMENT # P95000081079

1. Corporation Name

BAILEY BISHOP & LANE, INC.

Principal Place of Business

Mailing Address

~~411 W BAY AVE~~
LAKE CITY FL 32025
US

POST OFFICE BOX 3717
LAKE CITY FL 32056



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1995

4. FEI Number

59-3339705

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 Rt 10 Box 35408

Suite, Apt. #, etc.

22

City & State

23 Lake City FL

Zip

24 32025

Country

25 U.S.

26

City & State

27

Zip

28

Country

29

30

9. Name and Address of Current Registered Agent

BISHOP, R.P. JR
411 WEST BAY AVE
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Rt 10 Box 35408

84

City

85 Lake City

FL

Zip Code

32025

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

3-25-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BISHOP, R.P. JR

STREET ADDRESS ROUTE 14 BOX 192

CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☐ DELETE

NAME LANE, JOHN M

STREET ADDRESS ROUTE 9 BOX 232

CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☐ DELETE

NAME BAILEY, GREGORY G

STREET ADDRESS ROUTE 14 BOX 8N

CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Rt. 15 Box 3114
Lake City, FL 32024

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Rt 15 Box 3564
Lake City, FL 32024

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Rt 15 Box 3084
Lake City, FL 32024

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

R. R. Bishop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-99 (904) 752-5640

CR2E034 (11/98)