

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90034 046 ***158.75

DOCUMENT # P96000013897

1. Corporation Name

BAILEY MARBLE, INC.



Principal Place of Business

2320 WEST MONTCLAIR ROAD
LEESBURG FL 34748

Mailing Address

P.O. BOX 492358
LEESBURG FL 34749-2358

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1996

4. FEI Number

59-3363043

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 13595 S.E. 31st Avenue

2a. Mailing Address

26 P.O. Box 490090

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Summerfield, Fl.

City & State

28 Leesburg, FL. 34749

Zip

24 34491

Country

25 Marion

Zip

29 34749

Country

30 Lake

9. Name and Address of Current Registered Agent

LOWRY, ARCHIE O JR. ESQ.
POTTER, CLEMENT AND LOWRY
308 E. FIFTH AVENUE
MOUNT DORA FL 32757

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 D
NAME BAILEY, ELIJAH
STREET ADDRESS 2320 WEST MONTCLAIR ROAD
CITY-ST-ZIP LEESBURG FL 34748

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Elijah Bailey, Jr.
1.3 STREET ADDRESS 39040 Lakewood Lane
1.4 CITY-ST-ZIP Lady Lake, FL. 32159

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
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)(l), 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

Elijah Bailey, Jr.

ELIJAH BAILEY, JR.
PRESIDENT

1/22/99

352-326-2898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0508815