

8-18-97 B-7868 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jun 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000063636 (0)

1. Corporation Name  
STEVE BAILEY CONSTRUCTION, INC.

Principal Place of Business 14412 NW 144TH PLACE ALACHUA FL 32616	Mailing Address P.O. BOX 1230 ALACHUA FL 32616-1230
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2. Principal Place of Business 21 14412 NW 144th PL Suite, Apt. #, etc. 22 City & State 23 Alachua, Fl. Zip 24 32616 Country 25 USA	2a. Mailing Address 26 POB 1230 Suite, Apt. #, etc. 27 City & State 28 Alachua, Fl. Zip 29 32616 Country 30 USA
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3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report
4. FEI Number 59 3394153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BAILEY, MARY S  
14412 NW 144TH PLACE  
ALACHUA FL 32616

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 *Mary S. Bailey*  
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	<input type="checkbox"/> DELETE
NAME	BAILEY, STEVE E	
STREET ADDRESS	P.O. BOX 2283	
CITY-ST-ZIP	ALACHUA FL 32616-2283	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, MARY S	
STREET ADDRESS	P.O. BOX 2283	
CITY-ST-ZIP	ALACHUA FL 32616-2283	
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

11 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Shawn Weikel	
13 STREET ADDRESS	531 NW 54 Terr.	
14 CITY-ST-ZIP	Gainesville, FL 32607	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: *Mary S. Bailey* RA 4/4/97 904 415-41815

CR2E034 (9/96)