

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

FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000006849 (8)**

1. Corporation Name

**BAILEY AND ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

**2575 US HIGHWAY 27 NORTH #188  
HAINE CITY FL 33844-2322**

**2575 US HIGHWAY 27 NORTH #188  
HAINE CITY FL 33844-2322**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21 188 Kingfisher Ln**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 188 Kingfisher Lane**  
Suite, Apt. #, etc.

City & State

**23 Haines City, FL**  
Zip Country

City & State

**28 Haines City, FL**  
Zip Country

**24 33844-2322**

**25 FLK**

**29 33844-2322**

**30 FLK**

9. Name and Address of Current Registered Agent

**BAILEY, SHEILA  
2575 US HIGHWAY 27 NORTH #188  
HAINE CITY FL 33844-2322**

10. Name and Address of New Registered Agent

**81 Name Kenneth S. Bailey**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**188 Kingfisher Lane**  
**83**  
**84 City Haines City FL**  
**85 Zip Code 33844-2322**

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

**Kenneth S. Bailey, Registered Agent, Kenneth S. Bailey 4/2/98**

12. OFFICERS AND DIRECTORS

**0** ☐ DELETE  
**NAME BAILEY, SHEILA**  
**STREET ADDRESS 2575 US HIGHWAY 27 NORTH #188**  
**CITY-ST-ZIP HAINE CITY FL 33844-2322**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition  
**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**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)(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.

CR2E034 (10/97)