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03-09-1999 90075 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000006849

1. Corporation Name

BAILEY AND ASSOCIATES, INC.

Principal Place of Business

**188 KINGFISHER LN
HAINES CITY FL 33844-2322
US**

Mailing Address

**188 KINGFISHER LANE
HAINES CITY FL 33844-2322
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

59-3425399

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2719 RWS RANCH ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 2719 RWS RANCH ROAD
Suite, Apt. #, etc.

City & State

23 DAVENPORT, FLORIDA
Zip Country

City & State

28 DAVENPORT, FLORIDA
Zip Country

24 33837-8862 25 US

29 33837-8862 30 US

9. Name and Address of Current Registered Agent

**BAILEY, KENNETH S.
188 KINGFISHER LANE
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent

81 Name

BAILEY, KENNETH S.

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

2719 RWS RANCH ROAD

83

84 City

DAVENPORT

FL

85 Zip Code

33837-8862

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**
Signature, typed or printed name of registered agent and title if applicable.

FEBRUARY 5, 1999
DATE

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **SHEILA BAILEY**
1.3 STREET ADDRESS **2719 RWS RANCH ROAD**
1.4 CITY-ST-ZIP **DAVENPORT, FL 33837-8862**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **KENNETH S. BAILEY**
2.3 STREET ADDRESS **2719 RWS RANCH ROAD**
2.4 CITY-ST-ZIP **DAVENPORT, FL 33837-8862**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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: **Kenneth S. Bailey** **Kenneth S. Bailey** **2/20/99** **941-421-4355**
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/98)