03221999-90122-019-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016752

1. Corporation Name

BAILEY'S HARDWOOD FLOORING, INC.

Principal Place of Business	Mailing Address
16321 S. TAMIAMI TRAIL FORT MYERS FL 33908	16321 S. TAMIAMI TRAIL FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1998

4. FEI Number
06-8402653
□ Applied For
□ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21	26	5. Certificate of Status Desired □ $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	6. Election Campaign Financing □ $5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes □ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTIN, ALBERT 671 BRENT LANE PENSACOLA FL 32503	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE John Bailey Pres, □ DELETE NAME 13446 Heald Lane 28 STREET ADDRESS CITY-ST-ZIP Ft. Myers Fla, 33907		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	□ Change □ Addition
TITLE Jeffrey Martin Treasure □ DELETE NAME 1608 E, Jackson St, STREET ADDRESS CITY-ST-ZIP Pensacola, Fla 32501		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	□ Change □ Addition
TITLE Albert Martin Secretary □ DELETE NAME 4528 Whisper Way STREET ADDRESS CITY-ST-ZIP Pensacola Fla 32514		3.1 TITLE Secretary 3.2 NAME Albert Martin 3.3 STREET ADDRESS 671 Brent Lane 3.4 CITY-ST-ZIP Pensacola Fla. 32503	☒ Change □ Addition
TITLE □ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	□ Change □ Addition
TITLE □ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	□ Change □ Addition
TITLE □ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	□ Change □ Addition

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: _____   3/16/99   850-484 3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)