

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S05358** (4)

1. Corporation Name

D. & J. BAILEY, INC.

Principal Place of Business

**3863-B S NOVA RD
PT ORANGE FL 32127**

Mailing Address

**3863-B S NOVA RD
PT ORANGE FL 32127**



3. Date Incorporated or Qualified

09/28/1990

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3033781

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BAILEY, DONALD
3863-B S NOVA RD
PORT ORANGE FL 32127**

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

12. OFFICERS AND DIRECTORS

12.1 NAME DPT BAILEY, DONALD	☐ DELETE
12.2 STREET ADDRESS 3863-B S NOVA RD	
12.3 CITY-STATE-ZIP PORT ORANGE FL	
12.4 TITLE DVS	☐ DELETE
12.5 NAME BAILEY, JUDITH A.	
12.6 STREET ADDRESS 3863-B S NOVA RD	
12.7 CITY-STATE-ZIP PORT ORANGE FL	
12.8 TITLE	☐ DELETE
12.9 NAME	
12.10 STREET ADDRESS	
12.11 CITY-STATE-ZIP	
12.12 TITLE	☐ DELETE
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12.95 CITY-STATE-ZIP	
12.96 TITLE	☐ DELETE
12.97 NAME	
12.98 STREET ADDRESS	
12.99 CITY-STATE-ZIP	
12.100 TITLE	☐ DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 STREET ADDRESS	
13.3 CITY-STATE-ZIP	
13.4 NAME	☐ Change ☐ Addition
13.5 STREET ADDRESS	
13.6 CITY-STATE-ZIP	
13.7 NAME	☐ Change ☐ Addition
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13.93 CITY-STATE-ZIP	
13.94 NAME	☐ Change ☐ Addition
13.95 STREET ADDRESS	
13.96 CITY-STATE-ZIP	
13.97 NAME	☐ Change ☐ Addition
13.98 STREET ADDRESS	
13.99 CITY-STATE-ZIP	
13.100 NAME	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Donald Bailey Donald Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

904/767-6291

Date

Daytime Phone

CR2E034 (12/95)