

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S94942** (7)
1. Corporation Name
BAILEY'S RETREAT, INCORPORATED

Principal Place of Business	Mailing Address
RT. 4 BOX 6338-3 COUNTY ROAD 365 CRAWFORDVILLE FL 32327	RT. 4 BOX 6338-3 COUNTY ROAD 365 CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/18/1991	3a. Date of Last Report 04/25/1994
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4. FEI Number 59-3104942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21 22 Hammock Trace	26 22 Hammock Trace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Crawfordville, FL	28 Crawfordville, FL
Zip	Country
24 32327	25
Country	Zip
29 32327	30
Country	Country

9. Name and Address of Current Registered Agent

MILLER, PHILLIP B.
RT. 4 BOX 6338-3
COUNTY ROAD 365
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	22 Hammock Trace
83	
84 City	Crawfordville
85 Zip Code	FL 32327

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 consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BAILEY, NED
STREET ADDRESS	831 JOHNSON WALK
CITY - ST - ZIP	STOCKBRIDGE GA
TITLE	VS
NAME	MILLER, LOIS B.
STREET ADDRESS	RT 1 BOX 50, HWY 255
CITY - ST - ZIP	LEE FL
TITLE	T
NAME	TAYLOR, JUDY
STREET ADDRESS	RT 1 BOX 111C
CITY - ST - ZIP	LAMONT FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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:

Lois B. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

4-25-95
Date

904-971-5578
Telephone #