

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S94942 (7)**

1. Corporation Name  
**BAILEY'S RETREAT, INCORPORATED**



Principal Place of Business: **22 HAMMOCK TRACE COUNTY ROAD 365 CRAWFORDVILLE FL 32327 US**  
Mailing Address: **22 HAMMOCK TRACE COUNTY ROAD 365 CRAWFORDVILLE FL 32327 US**

3. Date incorporated or Qualified: **11/18/1991**  
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
4. FEI Number: **59-3104942**  
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

9. Name and Address of Current Registered Agent: **MILLER, PHILLIP B. 22 HAMMOCK TRACE 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), 83, 84 City, 85 Zip Code **FL**

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, NED	1.2 NAME	
STREET ADDRESS	831 JOHNSON WALK	1.3 STREET ADDRESS	<del>Box 3515</del> 259 Seawolf Ct.
CITY-ST-ZIP	STOCKBRIDGE GA	1.4 CITY-ST-ZIP	Tallahassee, FL 32315 32312
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LOIS B.	2.2 NAME	
STREET ADDRESS	RT 1 BOX 50, HWY 255	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEE FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JUDY	3.2 NAME	J Taylor, Judy
STREET ADDRESS	RT 1 BOX 111C	3.3 STREET ADDRESS	Rt. 1, Box 111C
CITY-ST-ZIP	LAMONT FL	3.4 CITY-ST-ZIP	Lamont, FL 32336
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	200001819842
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/14/96--01017--021
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***200.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 change; or on an attachment with an address.

SIGNATURE: *Lois B Miller* **Lois B Miller**  
Date: **4-26-96**  
Daytime Phone #: **904-971-5578**

CR2E034 (12/95)