

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90083 045 ***150.00

0055185

DOCUMENT # S94942

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

2. Principal Place of Business

21 22 Hammock Trace
Suite, Apt. #, etc.

2a. Mailing Address

26 22 Hammock Trace
Suite, Apt. #, etc.

22 City & State
23 Crawfordville, FL

24 32327 25 US

28 Crawfordville, FL

29 32327 30 US

9. Name and Address of Current Registered Agent

MILLER, PHILLIP B.
22 HAMMOCK TRACE
~~COUNTY ROAD 365~~
CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1991

4. FEI Number
59-3104942

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

Phillip B. Miller

(NOTE: Registered Agent signature required when reinstating)

3/12/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAILEY, NED	
STREET ADDRESS	170 LEVY BAY RD.	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	MILLER, PHILLIP B	
STREET ADDRESS	22 HAMMOCK TRACE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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:

Phillip B. Miller

3/12/99

Date

Daytime Phone #

CR2E034 (11/98)