

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

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

03-16-1999 90083 045 \*\*\*150.00

0055185

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # S94942**

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

Principal Place of Business 22 HAMMOCK TRACE <del>COUNTY ROAD 365</del> CRAWFORDVILLE FL 32327 US	Mailing Address 22 HAMMOCK TRACE <del>COUNTY ROAD 365</del> CRAWFORDVILLE FL 32327 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>22 Hammock Trace</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>22 Hammock Trace</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>11/18/1991</b>	4. FEI Number <b>59-3104942</b> Applied For <input type="checkbox"/> Not Applicable
23 <b>Crawfordville, FL</b> City & State Zip Country 24 <b>32327</b> 25 <b>US</b>	28 <b>Crawfordville, FL</b> City & State Zip Country 29 <b>32327</b> 30 <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent MILLER, PHILLIP B. 22 HAMMOCK TRACE <del>COUNTY ROAD 365</del> CRAWFORDVILLE FL 32327		10. Name and Address of New Registered Agent 81 Name <b>Miller, Phillip B.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>22 Hammock Trace</b> 83 84 City <b>Crawfordville</b> FL 85 Zip Code <b>32327</b>	

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 DATE 3/12/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, NED	1.2 NAME	
STREET ADDRESS	170 LEVY BAY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	1.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, PHILLIP B	2.2 NAME	
STREET ADDRESS	22 HAMMOCK TRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Phillip B. Miller DATE 3/12/99

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)