

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 342360 (5)

1. Corporation Name

THOMPSON-BAILEY-BAKER REALTY, INC.



Principal Place of Business

83-D ORANGE STREET
POST OFFICE BOX 70
ST. AUGUSTINE FL 32084
US

Mailing Address

P.O. BOX 70
POST OFFICE BOX 70
ST. AUGUSTINE FL 32085
US

3. Date Incorporated or Qualified

03/03/1969

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, PIERRE D
#1 PELICAN REEF
ST. AUGUSTINE FL

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME THOMPSON, PIERRE D
STREET ADDRESS #1 PELICAN REEF
CITY-STATE-ZIP ST AUGUSTINE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME BAILEY, JOHN D
STREET ADDRESS 47 AVISTA CIRCLE
CITY-STATE-ZIP ST AUGUSTINE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D
NAME THOMPSON, PIERRE D
STREET ADDRESS #1 PELICAN REEF
CITY-STATE-ZIP ST AUGUSTINE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE S
NAME BAILEY, JOHN D
STREET ADDRESS 47 AVISTA CIRCLE
CITY-STATE-ZIP ST AUGUSTINE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE T
NAME BAKER, GREGORY E.
STREET ADDRESS 39 VALENCIA STREET
CITY-STATE-ZIP ST. AUGUSTINE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE GM
NAME THOMPSON, PAUL J
STREET ADDRESS 69 1/2 ST GEORGE ST
CITY-STATE-ZIP ST AUGUSTINE FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ 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 attached report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

904-824-3100
Daytime Phone #

CR2E034 (12/95)