FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **342360** **(5)**

1. Corporation Name
THOMPSON-BAILEY-BAKER REALTY, INC.

Principal Place of Business	Mailing Address
93-D ORANGE STREET POST OFFICE BOX 70 ST. AUGUSTINE FL 32084 US	P.O. BOX 70 POST OFFICE BOX 70 ST. AUGUSTINE FL 32085-0070 US

3. Date Incorporated or Qualified: 03/03/1969
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1234093 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 206 Pelican Reef Dr,
83
84 City: St, Augustine FL 85 Zip Code: 32084

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	THOMPSON,PIERRE D		1.2 NAME		
STREET ADDRESS	#1 PELICAN REEF		1.3 STREET ADDRESS	206 Pelican Reef Dr	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	St Augustine FL 32084	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	BAILEY,JOHN D		2.2 NAME		
STREET ADDRESS	47 AVISTA CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	zip 32084	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	THOMPSON, PIERRE D		3.2 NAME		
STREET ADDRESS	#1 PELICAN REEF		3.3 STREET ADDRESS	206 Pelican Reef Dr	
CITY-ST-ZIP	ST AUGUSTINE FL		3.4 CITY-ST-ZIP	St Augustine FL 32084	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	BAILEY, JOHN D		4.2 NAME		
STREET ADDRESS	47 AVISTA CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP	zip 32084	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	BAKER, GREGORY E.		5.2 NAME		
STREET ADDRESS	39 VALENCIA STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP	zip 32084	
TITLE	GM	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	THOMPSON, PAUL J		6.2 NAME		
STREET ADDRESS	69 1/2 ST GEORGE ST		6.3 STREET ADDRESS	108 Spoonbill Point Ct	
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-ST-ZIP	St. Augustine FL 32084	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Pierre D Thompson 4/24/97 904-824-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #