

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

19962-696 B-792

DOCUMENT # F93000004898 (3)

1. Corporation Name

BAKER, THOMSEN ASSOCIATES INSURANCE SERVICES, A
CALIFORNIA CORPORATION

Principal Place of Business

901 DOVE STREET, STE. 130
NEWPORT BEACH CA 92660

Mailing Address

901 DOVE STREET, STE. 130
NEWPORT BEACH CA 92660



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 260

Suite 260

23

28

City & State

City & State

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

THOMSEN, DAVID J
1048 NORTH USTLER
APOPKA FL 32712

3. Date Incorporated or Qualified

10/28/1993

3a. Date of Last Report

02/14/1995

4. FEI Number

95-3393538

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

10. Name and Address of New Registered Agent

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 state if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE CP
NAME THOMSEN, DAVID J
STREET ADDRESS 901 DOVE STREET, STE. 130
CITY-ST-ZIP NEWPORT BEACH CA 92660

☐ DELETE

TITLE S
NAME BAKER, GUY E
STREET ADDRESS 1001 DOVE STREET
CITY-ST-ZIP NEWPORT BEACH FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 901 Dove Street, Suite 260
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 1001 Dove Street, Suite 240
24 CITY-ST-ZIP Newport Beach, CA 92660

☐ Change ☐ Addition

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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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)