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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F95000001010 (6) DOCUMENT

SI/BAKER, INC.

Principal Place of Business P.O. BOX 110 EASTON PA 18044-0110

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

P.O. BOX 110

2a. Mailing Address

27

Suite, Apt. #, etc.

EASTON PA 18044-0110

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1995

23-2714788

5. Certificate of Status Desired

4. FEI Number

City & State	City & State	3. State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🗌 No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM				81	Name	
1200 SOUTH PINE ISLAND ROAD				82	Street Addr	ess (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324				-	Oli Oct Addin	cos (1.0. Dox Hamber 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 title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 17	TLE		Change Addition
NAME	YURKOVIC, LEN		1.2 N	AME		
STREET ADDRESS	600 KEUBLER ROAD		1.3 \$	TREET A	ADDRESS	
CITY-SI-ZIP	EASTON PA		1.4 C	1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 Ti			Change Addition
NAME	BAKER, RUSTY		2.2 N	AME		
STREET ADDRESS	600 KEUBLER ROAD				ADORESS	
CITY-ST-ZIP	EASTON PA		2. 4 CITY			
TITLE	P	☐ DELETE	3.1 TITLE		1 21	Change Addition
NAME	JORDAN, MICHAEL		3.2 NAME			
STREET ADDRESS	600 KEUBLER ROAD		3.3 STREET		annress.	
CITY-ST-ZIP	EASTON PA		3.4. CITY-S			
TITLE	V	DELETE	4.1 TI		- 211	Change Addition
NAME	FELLOWS, EUGENE		4.2 N			
STREET ADDRESS	600 KEUBLER ROAD			_	ADDRESS :	
CITY-ST-ZIP	EASTON PA					
TATLE	S	DELETE	5.1 Ti	TY-ST	3Pe	CRETARY \(\times\) Change \(\to\) Addition
NAME	TOWLE, ALVIN F		5.2 N		201	NALD SEMANTCK
STREET ADDRESS	600 KEUBLER ROAD				ODRESS 60	O KEYBLER ROAD
	EASTON PA				DUDITESS COST	STON PA 180 40
CITY-ST-ZIP TITLE	T	DELETE	5.4 C	TY-ST	-ZP FH	57CV PA 180 40 Change Addition
NAME	SEMANICK, RONALD	in better	1			E Grange E Adultion
	600 KEUBLER ROAD		6.2 NAME			
STREET ADDRESS	EASTON PA				ADDRESS	
CITY-ST-ZIP		this filling does not qualify for		TY-ST		Section 119 07/2VD Florida Statutos I further certify that the information
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 of 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.						
Block 12 or Block 13 if changed, or on an attachment with an address. RONALD 3EMANICK						

640-252-7321

Applied For

\$8.75 Additional

Fee Required

Not Applicable