

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90018 004 \*\*\*558.75

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

**DOCUMENT # P93000046958**

1. Corporation Name

**R. C. BAUMANN ENTERPRISES, INC.**

Principal Place of Business

**339 ANCHOR WAY  
FORT PIERCE FL 34946**

Mailing Address

**339 ANCHOR WAY  
FORT PIERCE FL 34946**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/02/1993**

4. FEI Number

**59-3191279**

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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BAUMANN, ROBERT C  
339 ANCHOR WAY  
FORT PIERCE FL 34946**

10. Name and Address of New Registered Agent

81 Name

**C. WYATT Edgell**

82 Street Address (P.O. Box Number is Not Acceptable)

**339 ANCHOR WAY**

83

84 City

**Fort Pierce**

**FL**

85 Zip Code

**34946**

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

**C. Wyatt Edgell**

**C. WYATT Edgell**

**9-13-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **EDGELL, WYATT C.**  
STREET ADDRESS **339 ANCHOR WAY**  
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☒ DELETE  
NAME **BAUGHMAN, NANCY A**  
STREET ADDRESS **339 ANCHOR WAY**  
CITY-ST-ZIP **FORT PIERCE FL 34946**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition  
1.2 NAME **Edgell, C. WYATT**  
1.3 STREET ADDRESS **339 ANCHOR WAY**  
1.4 CITY-ST-ZIP **Fort Pierce, FL 34946**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

**C. Wyatt Edgell**

**9-13-99**

**561-466-4401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)