

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

|                                      |                                                                                   |                                                                                                     |
|--------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Matheson<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:37

DOCUMENT # 147664 (7)  
1. Corporation Name  
BAXTER AND MCDONALD INCORPORATED

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>119 N. COLLINS ST.<br>PLANT CITY FL 33566 | Mailing Address<br>119 N. COLLINS ST.<br>PLANT CITY FL 33566 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                               |  |                                                                                    |  |                                                                                                                                                             |                                       |
|-----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2. Principal Place of Business<br>21 State, Apt. #, etc.<br>22 City & State<br>23 Zip Country |  | 2a. Mailing Address<br>26 State, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  | 3. Date Incorporated or Qualified<br>07/01/1946                                                                                                             | 3a. Date of Last Report<br>02/17/1994 |
| 24                                                                                            |  | 25                                                                                 |  | 4. FEI Number<br>59-0551880                                                                                                                                 |                                       |
| 29                                                                                            |  | 30                                                                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                    |                                       |
|                                                                                               |  |                                                                                    |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                              |                                       |
|                                                                                               |  |                                                                                    |  | 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                            |  |                                                                                                                                                                                               |  |
|------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>ERICKSON, GEORGE W<br>412 MADISON ST.<br>TAMPA FL 33601 |  | 10. Name and Address of New Registered Agent<br>81 Name <i>Baxter McDonald Jr. J.B. Baxter Pres.</i><br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 *T.B. Baxter Pres.* (NOTE: Registered Agent signature required when registering) DATE

| 12. OFFICERS AND DIRECTORS                         |                                                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                   |
|----------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>BAXTER, T B<br>2609 SUNSET DR<br>TAMPA FL 33629                     | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>BAXTER, JAMES B SR<br>118 SADDLEBROOK WAY<br>WESLEY CHAPEL FL 33543 | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>BAXTER, JAMES B JR<br>6849 HARTLAND ST.<br>FT. MYERS FL 33912      | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: *J.B. Baxter Pres.* 1-16-95 (813) 753-3766  
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (typed Name)