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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

283892

(8)

1. Corporation Name

LEONARD H. BAIRD, INC.



					<u> </u>
Principal Place of Business Mailing Address				1 (05)(0 (1000 (100) 10)(0 (0)(0)	115. 618(1 E)8(1 4 5). E12(1 E15(1 4 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1213 FIFTH STREET CLERMONT FL 34711		1213 FIFTH STREET			
		CLERMONT FL 34711			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				08/24/1964 4. FE! Number	05/01/1995 Applied For
2. Principal Place	·	2a. Mailing Address	R 121066	59-1054298	Not Applicable
	w Hwy SO	26 <i>P.O. NRAWX</i> Suite, Apt. #, etc.	ic irinay		\$8.75 Additional
Suite, Apt. #	, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campalgn Financing	\$5.00 May Be
23 Cler	- C /	28 CLERMON		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in Florida Statutes Yes	
24 3471	9. Name and Address of Curre	29 37/12	30 LAKE	10. Name and Address of New R	
	9, Name and Address of Curre	in negistered Agent	81 Name 1		
DAIDD I	ITONIADO U. ID		- L	ress (P.O. Box Number is Not Acceptab	· 8 1 2 C ·
BAIRD, LEONARD H., JR.				iress (P.O. Box Number is Not Acceptable, O. Drawer 1210	
242 LAKESHORE DRIVE CLERMONT FL 34711			83		<u>.</u> .
CLERMO	MI FL 34711		€	280 terment	- 85 Zip Code
			B4 City Ct	ermont	- FL 34411
11. Phirsuant to	o the provisions of Sections 607.050	2 and 607,1508, Florida Statute	- the above person corner	votion submite this statement for the Dur	pose of changing its registered office
or registers	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	nda. Such chance was authorze	BO DA THE COLDOLAROH 9 NOS	ard of directors. I hereby accept the appoint	antment as registered agent, i am
	n, and accept the obligations of coo				
SIGNATURE	Signature, typed or printed name of registered age:	nt and tice If applicable. (NO	Tti: Ricgistered Agent signerure requir	ed when reinstating)	DATE
12.	Francis	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition
TITLE	P	☐ DETEIE	1.1 TITLE	•	Onlings Notation
NAME	BAIRD, LUCY		1.2 NAME		
STREET ADDRESS	1213 FIFTH STREET		13 STREET ADDRESS		
CITY-S1-ZiP	CLERMONT FL	[] DELETE	14 CHY-ST-ZIP 2 1 TITLE		Change [] Addition
TITLE	S DAIDO LEONADO U ID	LJ Detrit	2 2 NAME		
NAME	BAIRD, LEONARD H. JR P. O. DRAWER 121066		2.3 STREET ADDRESS		
STREET ADDRESS	CLERMONT FL.		2.4 CHTY-ST-ZIF		
CITY - ST - ZIP TITLE	OLENWON TC	DELETE	3. 1 1/1LE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
C:TY-ST-ZIP			3.4 CITY- \$1-7IP		
TITLE	The property of the second	☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST- ZIF			4.4 CITY - S1 - ZIP		Chance Fil Addition
CITY-ST-ZIF TITLE		☐ DELETE	5 1 TITLE		Change Addition
		☐ OFLETE	5 1 TITLE 52 NAME		Change Addition
TITLE		☐ DFLE1E	5 1 TITLE		Change Addition
TITLE NAME		-	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CILY-ST-ZIP		
TITLE NAME STREET ADDRESS		DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CHY-ST-ZIP 6 1 TITLE		Change Addition
TITLE NAME STREET AUDRESS CITY-ST-716* TITLE NAME		-	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CHY- ST-ZIP 6 1 TITLE 62 NAME		
TITLE NAME STREET ADDRESS CITY-ST-719 TITLE		-	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CHY-ST-ZIP 6 1 TITLE		

14. If 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, if 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 eath; 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

904 - 394 - 2/14 Daytime Ptions #