FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)327169 DOCUMENT # Corporation Name BAKER - SANCHEZ & ASSOCIATES INC Maling Address Principal Place of Business 1903 EAST HANNA AVE 1903 EAST HANNA AVE TAMPA FL 33610 TAMPA FL 33610 3. Date Incorporated or Qualified 03/06/1968 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1219462 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 6. Election Campaign Financing City & State City & State Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032,

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Country

9. Name and Address of Current Registered Agent

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Ζıp

BAKER, ROBERT A

24

1903 E H	ianna ave				·
TAMPA F	** * **		83		İ
trum FT F			84 City		FL 85 Zip Code
		7.500 [1.3]	the above population	orporation submits this statement for the purpos	e of changing its registered office
or rogistor	o the provisions of Sections 607,0502 and 60 ed agent, or both, in the State of Florida. Such th, and accept the obligations of, Section 607.	i change was authorze	s, the above harried co id by the corporation's	board of directors. Thereby accept the appointr	ment as registered agent. I am
SIGNATURE	Signature, byted or probot name of registered arises as of the fi	auni abie NO	E. Ragistaned Agent signation in	respond when nonstating)	(1A) F
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	T	☐ DELETE	1 1 THE		Change Addition
NAME	BAKER, ROBERT A.		1.2 NAME		
STREET ADDRESS	1903 E HANNA AVE		1.3 STHEET ADDRESS		
CITY-ST-ZIF	TAMPA, FL 00000 FL 33610		1.4 Crty - ST - ZiP		•
TITLE	PD	□ DELETE	2 1 THILE		☐ Change ☐ Addition
NAME	BAKER, ROBERT A.		2.2 NAME		•
STREET ADDRESS	1903 E HANNA AVE		2.3 STREET ADDRESS		·
CITY-ST-ZIP	TAMPA, FL 00000		24 CITY S'-7-P		Change Addition
TITLE	D	☐ DELETE	3 1 TITLE		☐ change ☐ Addition
NAME	SANCHEZ, JOSEPH JR.		3.2 NAME		
STREET ADDRESS	3201 W TAMPA BAY BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		3.4 CITY - S1 - ZIF		Change Addition
TITLE		DELETE	4 1 TITLE		CI cutaings CI Addition
NAME			4.2 NAME		
\$TREE1 ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		E7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	4.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	5 1 THE		LI A marge.
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - \$1 - ZIP		□ DELETE	5.4 CITY - ST - ZIP 5.1 TO F		Change Addition

Country

81 Name

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6.4 CITY S1-7IP CITY-ST-ZIP implied with this fring is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further it is annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the corporation or the receiver or must be empowered to execute this report as required by Chapter 607. Fiorida Statutes; and that my name 14. I do hereby certify that the informat certify that the information indicate oath; that I am an officer or clocklo appears in Block 12 or Block

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE** 

TIFLE

STREET ADDRESS

DELETE

1-14-96

CR2E034 (12/95)

3a. Date of Last Report

Yes No

10. Name and Address of New Registered Agent

Florida Statutes

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

05/01/1995

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable