


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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **346038** (3)
1. Corporation Name
BILL BAKER ENTERPRISES INC



Principal Place of Business
**1250 DRIFTWOOD DR.
P.O. BOX 1830
PENSACOLA FL 32508**

Mailing Address
**1250 DRIFTWOOD DR.
P.O. BOX 1830
PENSACOLA FL 32508**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1250 DRIFTWOOD DR Suite, Apt. #, etc.		2a. Mailing Address 26 1250 DRIFTWOOD DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/12/1969	
22 City & State 23 PENSACOLA FL Zip 24 32503		27 City & State 28 PENSACOLA FL Zip 29 32503		4. FEI Number 59-1284639 Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 USA		31 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27 USA		32 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BAKER, WILLIAM C
1250 DRIFTWOOD DR
GULF COAST PANEL ADS INC
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number 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 if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEADOR, LINDA B.	
STREET ADDRESS	1690 CONWAY DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	CPT	<input type="checkbox"/> DELETE
NAME	BAKER, WILLIAM C.	
STREET ADDRESS	1250 DRIFTWOOD DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAKER, JUNE O.	
STREET ADDRESS	1250 DRIFTWOOD DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAKER, JAMES O.	
STREET ADDRESS	1250 DRIFTWOOD DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

400002405384

-01/20/98--01123--002

*****158.75**

☐ Change ☐ Addition

PE 1.16

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.

CR2E034 (1097)