

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

**FILED**

**Feb 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 395063 (1)**

**1. Corporation Name  
BAKER DEVELOPMENT CORPORATION**



**Principal Place of Business  
157 GILLIS DRIVE  
CRESTVIEW FL 32536**

**Mailing Address  
157 GILLIS DRIVE  
CRESTVIEW FL 32536-1611**

<b>3. Date Incorporated or Qualified</b> 01/31/1972	<b>3a. Date of Last Report</b> 02/13/1996
<b>4. FEI Number</b> 59-1426808	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21. 6048 BLUEBERRY LANE</b>	<b>26. 6048 BLUEBERRY LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22. City &amp; State</b>	<b>27. City &amp; State</b>
<b>23. Zip</b>	<b>28. Zip</b>
<b>25. Country</b>	<b>30. Country</b>

**9. Name and Address of Current Registered Agent**

**BOAN, T DEAN**  
~~157 GILLIS DRIVE~~ 6048 BLUEBERRY LANE  
CRESTVIEW FL 32536

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, FRED W	
STREET ADDRESS	610 ADAMS DR	
CITY - ST - ZIP	CRESTVIEW, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STAIR, JOHN W.	
STREET ADDRESS	RT. 1, MILLIGAN ROAD	
CITY - ST - ZIP	MILLIGAN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOAN, T. DEAN	
STREET ADDRESS	157 GILLIS DRIVE	
CITY - ST - ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOUNTAIN, JOHN E.	
STREET ADDRESS	151 GILLIS DRIVE	
CITY - ST - ZIP	CRESTVIEW 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	32537
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6048 BLUEBERRY LANE
3.4 CITY - ST - ZIP	32536
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	32536
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	

**14. I do 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:** *T. Dean Boan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**T. DEAN BOAN, SECY. 2/21/97**

Date Daytime Phone #

CR2E034 (9/96)