


3-5-98 B-2887c  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 05 1998 8:00am  
Secretary of State

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

DOCUMENT # **395063** (1)  
1. Corporation Name  
**BAKER DEVELOPMENT CORPORATION**

Principal Place of Business <b>8048 BLUEBERRY LANE CRESTVIEW FL 32536 US</b>	Mailing Address <b>6048 BLUEBERRY LANE CRESTVIEW FL 32536 US</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/31/1972</b>	
4. FEI Number <b>59-1426808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent <b>BOAN, T DEAN 157 GILLIS DRIVE CRESTVIEW FL 32536</b>		10. Name and Address of New Registered Agent	
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)
83		83	<b>6048 BLUEBERRY LN.</b>
84	City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAIR, JOHN W.</b>	1.2 NAME	
STREET ADDRESS	<b>RT. 1, MILLIGAN ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILLIGAN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOAN, T. DEAN</b>	2.2 NAME	
STREET ADDRESS	<b>8048 BLUEBERRY LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOUNTAIN, JOHN E.</b>	3.2 NAME	
STREET ADDRESS	<b>151 GILLIS DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_ **DEAN BOAN, SECY.**

3/2/98

CR2E034 (10/97)