FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 7:30

TALLAHASSEE, FLORIDA

DOCUMENT # 404069

1. Corporation Name

BAKER'S CUSTOM CABINETS AND MILLWORK, INC.

Principal Place of Business	Mailing Address
168 Commercial Blvd. Naples, FL 33942	168 Commercial Blvd. Naples, FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/29/72

3a. Date of Last Report: 1994

2. Principal Place of Business
21:

2a. Mailing Address
26: 4001 Tamiami Trail N.

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27: Suite 404

City & State
23:

City & State
28: Naples, FL

Zip
24:

County
25:

Zip
29: 33940

County
30: USA

4. FEI Number: 59-1407697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Ronald C. Hogue
1169 8th Street South
Bayview Bldg., Suite 4
Naples, FL 33940

10. Name and Address of New Registered Agent

81 Name: Catalano, Fisher, Gregory & Sullivan, Chartered

82 Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail North

83: Suite 404

84 City: Naples FL 85 Zip Code: 33940

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: By: CATALANO, FISHER, GREGORY & SULLIVAN, CHARTERED — 4/26/95

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	11 TITLE	☐ Change ☐ Addition
NAME	Eric Baker	12 NAME	
STREET ADDRESS	56 Center Street	13 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 33963	14 CITY-ST-ZIP	
TITLE	Secretary/Treasurer	21 TITLE	☐ Change ☐ Addition
NAME	Susan H. Baker	22 NAME	
STREET ADDRESS	56 Center Street	23 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 33963	24 CITY-ST-ZIP	
TITLE	Vice President	31 TITLE	☐ Change ☐ Addition
NAME	John R. Baker	32 NAME	
STREET ADDRESS	1122 22nd Ave. North	33 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 33940	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I 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)(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, added or deleted on an attachment with an address.

813

SIGNATURE: S. Baker — April 26 1995 — 6436668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number