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

FILED Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (0)430646 BAKER CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 505 S RIVERHILLS DRIVE 505 S. RIVERHILLS DRIVE TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617-7225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1973 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1467074 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 沤 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May 8e 23 Trust Fund Contribution Added to Fees 28 Zio Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. □ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BAKER, PETER C **505 SOUTH RIVERHILLS DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) **TEMPLE TERRACE FL 33617** 83 84 Zip Code 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 hets, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Required Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE 1 2 NAME CR2E034 BAKER, PETER C NAME **505 RIVERHILLS DRIVE** 1 3 STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL CHTY-ST- ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE BAKER, VEDA JAN NAME 22 NAME 505 RIVERHILLS DRIVE STREET ADDRESS 2.3 STREET ADDRESS TEMPLE TERRACE FL CITY-ST ZIP 2 4 CITY - \$1 - ZIP DETETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 3 4. CITY-\$1-ZIP DELETE ☐ Change Addition 14TLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY-ST 7IP DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAM 5.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 supplier ends 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

CITY-SI-ZIP

STREET ADDRESS

CITY-ST-70P

TITLE

NAMI

DELETE

Change

Addition