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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 507685 1. Corporation Name

BAKER INSURANCE SERVICE, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90270 010 ***150.00



		· · · · · · · · · · · · · · · · · · ·						1
Principal Place of Business		Mailing Address						1
1903 E. HANNA AVENUE TAMPA FL 33610		1903 E. Hanna avenue Tampa Fl. 33610		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					07/23/1976			
2 Principal F	face of Business	2a. Mailing Address			4. FEI Number	Ap.	plied For	
 , '		26			59-1693083		t Applicable	!
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	Additional	l
22		27			5. Certificate of Status Desired Fee Required			
City & State		City & State		6 Election Campaign Financing	\$5.00	Мау Ве		
23		28		Trust Fund Contribution	Added t	o Fees	į	
Zip Country		Zip Country		8. This corporation owes the current year intangible				
24 25		29 30		Personal Property Tax. Yes No			1	
	9. Name and Address of Currer	nt Registered Agent		04 11	10. Name and Address of New Registe	red Agent		
DAV	ED DOCEDT A			81 Name				
BAKER, ROBERT A.				82 Street Add	ress (P.O. Box Number is Not Acceptable)			
1903 E. HANNA AVE. TAMPA FL 33610				l <u></u>				1
IAW	IFA FE 33010			83				l
				84 City		85 Zip C	ode	
					-	FL °		l
11. Pursuant	to the provisions of Sections 607.050	i2 and 607.1508, Florida Statute of Florida, Such change was at	es, the authorized	bove-named com	poration submits this statement for the purpos on's board of directors. I hereby accept the a	a of changing its ppointment as re	registered gistered	1
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Stati	utes.	, ,			
SIGNATURE								ı
	Signature, typed or printed name of registered age			Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		IRS IN 12	(80)
12.		ND DIRECTORS DELETE	13.	T T	ADDITIONS/CHANGES TO OFFICER	Change	Addition	1
TITLE	PD BAVED DOBEDT A	L.; DELETE				[2] a		-
NAME	BAKER, ROBERT A.		1.2 N					8
STREET ADDRESS			1.3 \$1	TREET ADDRESS				5
CITY-ST-ZIP	TAMPA FL						1	
TITLE	1 1	D DELETE	_	TY-ST-ZIP		Change	J"] Addition	ح ا
NAME		. DELETE	2.1 TT	TLE		Change	Addition	2
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	1903 E. HANNA AVE.	, –	2.1 TT 2.2 N/ 2.3 ST	TLE AME TREET ADDRESS		Change	Addition	ן נ
CITY-ST-ZIP	1903 E. HANNA AVE.	. ن	2.1 TT 22 N/ 2.3 ST -2.4 C	TLE AME TREET ADDRESS HTY-ST-ZIP		<u></u>	·	ָר בּי
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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 of 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 ampowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or an an alachment with smaddre is, with all other like empowered.

MIRED

6.4 CITY-ST-ZIP

SIGNATURE:

04~15~99 (813)239~3111 Date