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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90008 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 590461

1. Corporation Name
BAKER PEST CONTROL, INC.

Principal Place of Business
205 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084-1295

Mailing Address
205 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084-1295

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1978

4. FEI Number

59-1890361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, JAMES H
205 S PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084

81 Name **Patricia S. Baker**

82 Street Address (P.O. Box Number is Not Acceptable)
205 S. Ponce de Leon Blvd

83

84 City **St. Augustine**

FL

85 Zip Code
32084

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

Patricia S. Baker
Signature, typed or printed name of registered agent and title if applicable

Patricia S. Baker, President

2-22-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS** ☒ DELETE
NAME **BAKER, JAMES H.**
STREET ADDRESS **3149 COUNTRY CREEK LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

1.1 TITLE **P.** ☐ Change ☒ Addition
1.2 NAME **Patricia S. Baker**
1.3 STREET ADDRESS **3149 Country Creek Lane**
1.4 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **VT** ☒ DELETE
NAME **BAKER, PATRICIA S.**
STREET ADDRESS **3149 COUNTRY CREEK LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **James R. Baker**
2.3 STREET ADDRESS **2540 Deerwood Acres Dr.**
2.4 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **James D. Baker**
3.3 STREET ADDRESS **2560 Deerwood Acres Dr.**
3.4 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **ST** ☐ Change ☒ Addition
4.2 NAME **Cathy B. Dowdy**
4.3 STREET ADDRESS **5071 Vogel Rd.**
4.4 CITY-ST-ZIP **St. Augustine, FL 32092**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Patricia S. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia S. Baker

2-22-99

Date

904 824-8168

Daytime Phone #

CR2E034 (11/98)