

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 690858

(6)

1. Corporation Name

BAKER AND LINDSEY, INC.

Ch 6834
1/25/96



Principal Place of Business

Mailing Address

26B RACETRACK RD NW
STE B
FT WALTON BCH FL 32547
US

26B RACETRACK RD NW
P. O. BOX 4760
FT. WALTON BEACH FL 32549-4760
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WEBSTER, MICHAEL
12 OLD FERRY ROAD
SHALIMAR FL 32579

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/17/1981

3a. Date of Last Report

02/01/1995

4. FEI Number

59-2124279

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, BRADLEY R.	
STREET ADDRESS	92 HARRIS RD NE	
CITY - ST - ZIP	FT WALTON BCH FL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	LINDSEY, HELEN L.	
STREET ADDRESS	92 HARRIS RD NE	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, JR., ROBERT A	
STREET ADDRESS	92 HARRIS RD NE	
CITY - ST - ZIP	FT WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, MAVINEE A.	
STREET ADDRESS	92 HARRIS RD NE	
CITY - ST - ZIP	FT WALTON BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LINDSEY, HELEN L.	
STREET ADDRESS	92 HARRIS RD NE	
CITY - ST - ZIP	FT. WALTON BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GENTRY, PEGGY L	
STREET ADDRESS	27 JONQUIL	
CITY - ST - ZIP	FT WALTON BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BR.R.

President

1-21-96

Date

Daytime Phone #

CR2E034 (12/95)