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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| 1. Corporation | MENT # 82924 AEL BAKER, JR., INC. | .3 (5) | | | | | | |
|--|--|---|----------------------------|---|--|----------------|---------------------------|---|
| Principal Place | of Business | Mailing Address | | | | | | |
| 4301 DUTCH RIDGE ROAD BEAVER PA 15009-9600 | | 4301 DUTCH RIDGE ROAD BEAVER PA 15009-9600 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/29/1972 | | te of Last Re 08/14/19 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Applied For | | |
| Suite, Apt. #, etc. | | 26 Suite Act # etc | Suite, Apt. #, etc. | | ······································ | | Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired | | | Additional Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | \$5.00 | May Be | |
| Zip 24 | Country 25 | 7ip 29 | Country 30 | / | 8. This corporation has liability for Florida Statutes | r intangible t | | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | T :: | 10. Name and Address of New | Registered | Agent | |
| OT COPPODATION SYSTEM | | | | Name | | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| | TION FL 33324 | | 83 | | | | | |
| | | | 84 | City | | | 85 Zip | Code |
| 11. Pursuant t | In the provisions of Sections 607.0500 | 2 and 607 1508 Florida Statut | tee the above | named como | ration submits this statement for the p | FL | | |
| familiar wit | ed agent, or born, in the State of Flori th, and accept the obligations of, Sec | da. Such change was author <i>i</i> ion 607,0605, Florida Statute: | zed by the cord | oration's boa | and of directors. Thereby accept the ap | pointment a | s registered | agent. I am |
| SIGNATURE. | Signature, typed or purpose native of registered agen | and sturf accided (N | OTE: Registered Age | nt signature require | od when reinstating! | DATE | | |
| | OPTIOTES AND DIFECTORS | | 13. | | ADDITIONS/CHANGES TO OF | FICERS AND | O DIRECTO | RS IN 12 |
| TITLE | CD | DELETE | | | | | Change | Addition |
| NAME | HOMAN, CHARLES I | | 1.2 NAME | | | | | |
| STREET ADDRESS | 4301 DUTCH RIDGE | | 1 | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | BEAVER PA | ביי דינו ניני | 1.4 C(TY - 5 2. 1 TITLE | 31 - Z(P | | | E 0. | F-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| NAME | I ATKOVAC DOMAID D | DETELE | | | | | Change | Addition |
| STREET ADDRESS | LATKOVIC, DONALD D. 4301 DUTCH RIDGE ROAD | | 2.2 NAME | ADDRESS | | | | |
| CITY-ST-ZIP | BEAVER PA | | 2.3 STREET 2.4 CITY-5 | | | | | |
| TITLE | DP DP | | | 01 - ZIF | | | Change | Addition |
| NAME | HAYWARD, JOHN | | 3 1 TITUF 3 2 NAME | | | | Unampe | L) Addition |
| STREET ADDRESS | 4301 DUTCH RIDGE RD | | | 1 ADDRESS | | | | |
| CHTY-ST-ZIP | BEAVER PA | | 3.4 CHY-5 | | | | | |
| TITLE | DV | DELETE | 4 1 THILE | C. Li | | | Change | Addition |
| NAME | WILEY, EDWARD L | _ | 4.2 NAME | | | ' | | - |
| STREET ADDRESS | 4301 DUTCH RIDGE RD. | | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | BEAVER PA | | 4.4 Cr1Y - S | i | | | | |
| TITLE | ٧ | DELETE | 5 1 TITLE | | | | Change | Addition |
| NAME | WHITE, J. ROBERT 5. | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 53STREET | ADDRESS | | | | |
| CITY-ST-ZIP | BEAVER PA | | 5 4 CI1Y - S | ST - ZIP | | | | |
| TITLE | DS | ☐ DELETE | 6 11111.6 | | | 1 | Change | Addition |
| NAME | BURNS, GLEN S | | 6 2 NAME | | | | | |
| STREET ADDRESS | | | 63 STREET | ADDRESS | | | | |
| CITY . \$1 . 7ID | REAVER PA | | | | | | | |

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 cath; 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 one cattachment with an address. AHADUC DURODLANON DHOUNG (HISLAS-77)

SIGNATURE: