

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92146** (2)

1. Corporation Name
RICHARD W. BAKER, P.A.



Principal Place of Business Mailing Address
1803 U.S. HIGHWAY #19 HOLIDAY FL 34691

2. Principal Place of Business 2a. Mailing Address
21 [] 26 []
Suite, Apt., Fl., etc. Street, Apt., Fl., etc.
22 [] 27 []
City & State City & State
23 [] 28 []
Zip Country Zip Country
24 [] 25 [] 29 [] 30 []

3. Date Incorporated or Qualified **07/27/1982** 3a. Date of Last Report **02/28/1995**
4. FEI Number **59-2219823** 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

9. Name and Address of Current Registered Agent
**OLSON, DAVID E., ESQ.
3530 US HWY #19
HOLIDAY, F 34652**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) 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 607.06(5), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
[] DELETE
TITLE **DPS**
NAME **BAKER, RICHARD W**
STREET ADDRESS **1803 US HWY 19**
CITY-ST-ZIP **HOLIDAY FL**
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
[] Change [] Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
[] Change [] Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
[] Change [] Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
[] Change [] Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
[] Change [] Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true, correct, complete and does not apply 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 correct 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 of this report or on an attachment to this report.

SIGNATURE: *Richard W. Baker Pres. 3/29/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)