


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F92146 (2)

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



| | |
|--|--|
| Principal Place of Business 1803 U.S. HIGHWAY #19 HOLIDAY FL 34601 | Mailing Address 1803 U.S. HIGHWAY #19 HOLIDAY FL 34601 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|--|--|
| 2. Principal Place of Business 21 2535 SUCCESS DRIVE Suite, Apt. #, etc. | | 2a. Mailing Address 26 2535 SUCCESS DRIVE Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 07/27/1982 | |
| 22 City & State 23 ODESSA FL | | 27 City & State 28 ODESSA FL | | 4. FEI Number 59-2219823 | |
| 24 Zip 33556 | | 25 Country PASCO | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 29 Zip 33556 | | 30 Country PASCO | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent OLSON, DAVID E., ESQ. 3530 US HWY #19 HOLIDAY, F 34652 | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|-----------|
| 9. Name and Address of Current Registered Agent OLSON, DAVID E., ESQ. 3530 US HWY #19 HOLIDAY, F 34652 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DPS <input type="checkbox"/> DELETE | 1.1 TITLE | DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, RICHARD W | 1.2 NAME | RICHARD W BAKER |
| STREET ADDRESS | 1803 US HWY 19 | 1.3 STREET ADDRESS | 2535 SUCCESS DRIVE |
| CITY-ST-ZIP | HOLIDAY FL | 1.4 CITY-ST-ZIP | ODESSA FL 33556 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: *Richard W Baker, President* 4/21/98

CP2E034 (10/97)