

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 29 1997 8:00am  
Secretary of State

DOCUMENT # F93000004898 (3)

1. Corporation Name

BAKER, THOMSEN ASSOCIATES INSURANCE SERVICES, A  
CALIFORNIA CORPORATION



Principal Place of Business

Mailing Address

801 DOVE STREET, STE. 130  
260  
NEWPORT BEACH CA 92660  
US

801 DOVE STREET, STE. 130  
260  
NEWPORT BEACH CA 92660-3018  
US

3. Date Incorporated or Qualified

10/28/1993

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

158

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

158

City & State

28

Zip

Country

29

30

4. FEI Number

85-3393538

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMSEN, DAVID J  
1048 NORTH USTLER  
APOPKA FL 32712

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME THOMSEN, DAVID J  
STREET ADDRESS 901 DOVE ST., #260  
CITY-ST-ZIP NEWPORT BEACH CA

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS Suite 158  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE S  
NAME BAKER, GUY E  
STREET ADDRESS 1001 DOVE ST., #240  
CITY-ST-ZIP NEWPORT BEACH CA

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS Suite 158  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 in an attachment with an address.

SIGNATURE:

David O. Thomsen, President for Baker,  
Thomsen, Associates Insurance Services

(714) 833-9803

06/02/97

CR2E034 (9/96)