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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

F96000004213 (2) DOCUMENT # 1. Corporation Namo

BAKER HEAVY & HIGHWAY, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1004 1415 1054	
420 ROUSER RD. 420 ROUSER RD.								
CORAOPOLIS PA 15108 CORAOPOLIS PA 15108					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 08/19/1996			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	Applied For	
21 26					25-1664848	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Stat	City & State City & State				6. Election Campaign Financing	\$5.00	D May Be	
		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	lry	8. This corporation owes or has paid the	current year fr	ntangible	
24	25		30		Personal Property Tax due June 30.		☐ No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	d Agent		
	CORPORATION SYSTEM		1	Name				
1200 SOUTH PINE ISLAND ROAD			1	Street Add	dress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324								
	ť		- [6	13	· · · · · · · · · · · · · · · · · · ·			
			-	14 City		. 85 Zip	Code	
	•			,	F	L " ~ "		
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 as			Agent signature req	uired when reinstating) DATE			
12.	VAST OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	FLOCK, ROBERT D		1.1 1/11	1		[] Change	Naumon [,	
NAME	400 DOLLOCO DO		1.2 NAM	-			[3	
STREET ADDRESS	CODADDOLIS DA 18100			ELT ADDRESS			Įį.	
CITY-ST-ZIP	COB	DELETE		-ST-ZIP		Change	Addition	
TITLE	SHAW, RICHARD L	C) DETE IE	21 TITL			∪ change	LI ADDITION	
NAME	400 DOLLEGO DD		2.2 NAN)			1	
STREET ADDRESS	CORAOPOLIS PA 15108	MONODOLIS DA 15100		E1 ADDRESS				
CITY-\$T-ZIP	PCEO	The street		(- S1- ZIP				
TITLE	HOMAN, CHARLES I	DELETE	3.1 T(T)			☐ Change	Addition	
NAME I	420 ROUSER RD.		3.2 NAM	1			}	
STREET ADDRESS	CORAOPOLIS PA 15108			ETI ADDRESS			1	
CITY-\$T-ZIP	DV DV	DELETE	_	(-S1-ZIP			1 444.0.	
TITLE	WHITE, J. ROBERT	☐ DELET E	4.1 TITL			Change	Add/tion	
NAME	420 ROUSER RD.		4. 2 NA					
STREET ADDRESS				E1 ADDRESS			ļ	
CITY-ST-ZIP	CORAOPOLIS PA 15108			-ST-ZIP				
TITLE	VPGC	☐ DITĒIE	5.1 TITL	1		Change	Addition	
NAME	MCKNIGHT, H. JAMES		5.2 NAM	E				
STREET ADDRESS	420 ROUSER RD.		5.3 STR	ET ADDRESS			ļ	
CITY-ST-ZIP	CORAOPOLIS PA 15108			- \$1 - ZIP				
TITLE	VPO	DELETE	6.1 1ITL			☐ Change	Addition	
NAME	WILKINSON, JAMES E		6.2 NAM	ŧ				
STREET ADDRESS	420 ROUSER RD.		6.3 \$1H	ET ADDRESS				
CITY-ST-ZIP	CORAOPOLIS PA 15108		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 will) an address.