

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90046 001 ***150.00

DOCUMENT # F96000006880

1. Corporation Name

H.J. BAKER & BRO., INC.

Principal Place of Business

595 SUMMER ST.
STAMFORD CT 06901

Mailing Address

595 SUMMER ST.
STAMFORD CT 06901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1996

4. FEI Number

13-1895367

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SMITH, CHRISTOPHER V

STREET ADDRESS 141 HALF MILE RD.

CITY-ST-ZIP SOUTHPORT CT 06490

TITLE V ☐ DELETE

NAME PORZIO, PATRICK F

STREET ADDRESS 18 BEAUPRE CT.

CITY-ST-ZIP HUNTINGTON NY 11743

TITLE S ☐ DELETE

NAME DEEGAN, MARY E

STREET ADDRESS 41-04 53RD ST.

CITY-ST-ZIP WOODSIDE NY 11377

TITLE T ☐ DELETE

NAME ENTRONO, JOSEPH A

STREET ADDRESS 522 GWYNN ST.

CITY-ST-ZIP BABYLON NY 11702

TITLE DC ☐ DELETE

NAME SMITH, J M

STREET ADDRESS 48 WEST RD.

CITY-ST-ZIP NEW CANAAN CT 06840

TITLE D ☐ DELETE

NAME SMITH, DAVID

STREET ADDRESS 84 PALMER NECK RD.

CITY-ST-ZIP PAWCATUCK CT 06379

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

JOSEPH A. ENTRONO

Date

4/28/99

Daytime Phone #

(203) 3289234

CR2E034 (11/98)