

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G18293** (2)  
1. Corporation Name  
**BAKER BROS., INC.**



Principal Place of Business: **7892 BAYMEADOWS WAY JACKSONVILLE FL 32256-7512**  
Mailing Address: **7892 BAYMEADOWS WAY JACKSONVILLE FL 32256-7512**

3. Date Incorporated or Qualified: **01/06/1983** 3a. Date of Last Report: **04/28/1995**  
4. FET Number: **59-2246824** 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

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **POINDEXTER, CAROLE J. 7892 BAYMEADOWS WAY JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<b>BURKE, R. A.</b> 11925 W. CARMEN AVE. MILWAUKEE WI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>DP</b>	<b>FAULKNER, JACK</b> 7892 BAYMEADOWS WAY JACKSONVILLE, FL 00000	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VST</b>	<b>POINDEXTER, CAROLE J.</b> 7892 BAYMEADOWS WAY JACKSONVILLE, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>AS</b>	<b>OATMAN, H. WAYNE</b> 7892 BAYMEADOWS WAY JACKSONVILLE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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: *H. Wayne Oatman* H. Wayne Oatman 4/10/96 (904) 733-9633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CORPORATE** Duplicating Printer

CR2E034 (12/95)