

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90074 037 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **G18293**

1. Corporation Name  
**BAKER DISTRIBUTING COMPANY**

Principal Place of Business  
 7892 BAYMEADOWS WAY  
 JACKSONVILLE FL 32256-7512

Mailing Address  
 7892 BAYMEADOWS WAY  
 JACKSONVILLE FL 32256-7512



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1983

4. FEI 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POINDEXTER, CAROLE J.  
 7892 BAYMEADOWS WAY  
 JACKSONVILLE FL 32216

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 S  DELETE  
 NAME LOGAN, BARRY S.  
 STREET ADDRESS 2665 BAYSHORE DRIVE  
 CITY-ST-ZIP COCONUT GROBE FL 33133

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE P  DELETE  
 NAME KELLY, TERRY  
 STREET ADDRESS 7892 BAYMEADOWS WAY  
 CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE VP  DELETE  
 NAME POINDEXTER, CAROLE J.  
 STREET ADDRESS 7892 BAYMEADOWS WAY  
 CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE VP  DELETE  
 NAME PIERCE, ROBERT  
 STREET ADDRESS 7892 BAYMEADOWS WAY  
 CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE ASVP  DELETE  
 NAME PEREZ, MANNY  
 STREET ADDRESS 2665 BAYSHORE DRIVE  
 CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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:

*Carole Poinxter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

1/6/99

Date

904-733-9633

Daytime Phone #

CR2E034 (11/98)