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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G38883

(6)

FILED Apr 28 1997 8:00am Secretary of State

Corporation Name	1-7	
WILLIAMS, BAKER & FORBES, P. A.		
		4 (44)(3) 5050 (3)4((4)

	S, BAKER & FORBES, P. A.						
Principal Place 505 AVE A. NW WINTER HAVEN	#101	Mailing Address 505 AVE A. NW #101 WINTER HAVEN FL 33881	4626				
					3. Date Incorporated or Qualified 05/17/1983	3a. Date of Last Report 04/09/1996	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21 26					59-2290144	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
27 27				A Floring Company Financia			
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	гу	8. This corporation has liability for in		
24	25	29	30) resid	Tes	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg		
	er, w., everett		8	1 Name	LEVERETT BAKE	R (NO CHANGE)	
	KIMBALL CT., W.		8	zi Streel Add	ress (P.O. Box Number is Not Acceptab	0)	
LAKE	LAND FL 33813		_	340	5 SUMMERWOOD W	IAY	
			. 8	3		{	
			8	4 City		85 Zip Code	
					KELAND	FL 33813	
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 (amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed name of registered age:			igent signaturo requ	ired when reinstating)	DATE	
12. Title	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	BAKER, W EVERETT	C Otter	1.2 NAM			July Change Division	
STREET ADDRESS	4721 KIMBALL CT W				405 SUMMERWOOD WAY		
CITY-ST-ZIP	LAKELAND FL 33813			-ST-ZIP	AKELAND, FL 33813		
TITLE	SVD	DELETE	2.1 TITLE		12 20 10 1 10 00015	Change Addition	
NAME	FORBES, WILLIAM JAMES		2.2 NAM	E			
STREET ADDRESS	505 AVE A N.W. #101		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY	/-\$1-ZIP			
TITLE		☐ DELETE	3.1 7(7).5			Change Addition	
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	E1 ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
TITLE		DELETE	4.1 1/TLI			☐ Change ☐ Addition	
NAME			4. 2 NAN				
STREET ADDRESS				F1 ADDRESS			
CITY-ST-ZIP		DELETE		- \$T- <i>Z</i> IP		☐ Change ☐ Addition	
TITLE		F" DEFECT	5.1 TITLE 5.2 NAM			C Onlarige C Mudition	
NAME Street address				E1 ADDRESS			
			5.4 CITY			·	
CITY-\$T-ZIP TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				- S1 - ZIP			
14. I do herel	by certify that the information supplied	with this filing does not qua	lify for the ea	xemption state	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the	

minimation indicated on this armulal report or supplemental armulal report is true and accurate and that my signature shall have the same legal effect as it made under of **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.

7 DIGNOSON BURGE CHILLENES