**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90146 025 \*\*\*150.00

## 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

## DOCUMENT # G47191 1. Corporation Name

BAIRD INVESTMENT PROPERTIES, INC.

Principal Place	of Business	Mailing Address			[ #001]][[ 0.0]] [ 0.0]] [ 0.0]
,					
1342 COLONIAL BLVD 5712 SANDPIPER PLACE STE 38 FT MYERS FL 33919					
FT MYERS FL 33907 US					, DO NOT WRITE IN THIS SPACE
US					3. Date Incorporated or Qualifed
					: 07/01/1983
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 6309 Corporate Court 26					59-2324162 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Additional Fee Required
22 Suite 100 27					
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 Fort		28	Countr	,	Trust Fund Contribution Added to Fees
Zip Country Zip Zip 29 30 130			Country	<i>'</i>	8. This corporation owes the current year Intangible Personal Property Tax. Yes
24 5 54			30		Personal Property Tax.  10. Name and Address of New Registered Agent
,	Name and Address of Curren	Registered Agent	81	Name	18. Haile and Address of Hon Hogestone Hagen
BAIR	D, DWIGHT S. JR.				
5712 SANDPIPER PLACE FT. MYERS FL 33919			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
			83		<u> </u>
			""		
			84	City	FL 85 Zip Code
44.5	4. 4	2 and 607 1509. Florida Statutor	s the abov	e-named corn	poration submits this statement for the purpose of changing its registered
office or n	egistered agent or both in the State (	nf Florida. Such change was aut	thorized by	the corporation	on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes	i.	
SIGNATURE	Signature, typed or printed name of registered agen	and this if applicable (NOTE: 5	Pagistered Age	ot signature zeguire	od when reinstating) DATE
12.	OFFICERS AN		13.	in signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAIRD JR, DWIGHT S		1.2 NAME		
STREET ADDRESS	5712 SANDPIPER PLACE			T ADDRESS	
	FORT MYERS, FL 00000 33	a 19	1.4 CITY-8		•
CITY-ST-ZIP TITLE	\$	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAIRD, NANCIANN		2.2 NAWE	*	•
STREET ADDRESS	5712 SANDPIPER PLACE			T ADDRESS	والمنافق وال
		1919	2. 4 CITY-5	ļ	•
CITY-ST-ZIP TITLE	10111 11112110, 12 00000 23	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			1	T ADDRESS	
			3.4. CITY-5		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S		•
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREE	T ADDRESS	·
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
J. M.L. P.			6.4 CITY-S	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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: