

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **H04945**

(2)

1. Corporation Name

FISHER BAKER CORPORATION

56 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3108 INDUSTRIAL 31ST ST.
FT PIERCE FL 34946

Mailing Address

3108 INDUSTRIAL 31ST ST.
FT PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1984

3a. Date of Last Report

06/30/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2420091

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BAKER, ROBERT J.
133 N.E. CYPRESS TRAIL.
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(By agent, board or qualified natural registered agent and title if applicable)

(By officer, registered agent, secretary, treasurer or director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BAKER, RALPH J.
STREET ADDRESS	103 N. E. CYPRESS TRAIL
CITY, ST, ZIP	JENSEN BCH. FL
TITLE	V
NAME	BAKER, ROBERT J.
STREET ADDRESS	133 N.E. CYPRESS TRAIL.
CITY, ST, ZIP	JENSEN BEACH FL
TITLE	T
NAME	BAKER, VIRGINIA M.
STREET ADDRESS	103 N. E. CYPRESS TRAIL
CITY, ST, ZIP	JENSEN BCH. FL
TITLE	S
NAME	BAKER, PAMELA
STREET ADDRESS	133 N.E. CYPRESS TRAIL.
CITY, ST, ZIP	JENSEN BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.02(2)(b), 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 prepare 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:

Pamela Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pamela Baker, Secretary

4/28/95

Date

407/466-0750

Telephone No.