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

PROFIT

Apr 14 1998 8:00am ELORIDA DEPARTMENT OF STATI CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H09396 BAKER CONSULTANTS, INC. Principal Flace of Business Mailing Address 1182 WINGED FOOT CIRCLE, EAST 1182 WINGED FOOT CIRCLE, EAST WINTER SPRINGS FL 32708-4202 WINTER SPRINGS FL 32708-4202 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1984 2. Principal Flace of Business 2a. Mailing Address Applied For 21 59-2423347 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Bo 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent OWEN, RICHARD B., ESQ. 81 Name 5250 S HWY 17-92 82 Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 Horida. Such change was authorized by the corporation's hoard of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.05.05, Horida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or painted is not of registered agost and to est applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 🔲 DÜLTE ☐ Change Addition TITLE 1.1 11116 BAKER, RICHARD G. NAME 1182 WINGED FOOT CIRCLE EAST STREET ADDRESS 13 STREET ADDRESS WINTER SPRINGS FL 1.4 CiTY-\$1-7ff CITY-ST-ZIP DELETE Change ☐ Addition TITLE 21300 BAKER, HELEN H. NAME 2.2 NAME 1182 WINGED FOOT CIRCLE, EAST STREET ADDRESS 2.3 STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP 2 4 CITY - \$1 - ZIP DETE ☐ Change Addition 1(TLE 3 1 11116 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 C(1)Y - \$1 - Z(P) DELFTE Change Addition TITLE 4.1 11118 NAME 4. 2 NAME STREFT ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-S1-7IP DELETE Change Addition TITLE 5.111114 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE 6.2 NAME NAME STREET ADDRESS **63 STREET ADDRESS** 14. Thereby certify that the information supplied with this filling 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 eath; 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

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