

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2000 8:00 am
Secretary of State
 06-22-2000 90050 035 ***550.00

DOCUMENT # H89374

1. Entity Name
BAKER CONSTRUCTION CORPORATION

Principal Place of Business ALTA DRIVE JACKSONVILLE FL 32226 US	Mailing Address P.O. BOX 11929 JACKSONVILLE FL 32239-1929 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2715840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAKER, J. RICHARD, JR 10439 ALTA DRIVE JACKSONVILLE FL 32226	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, J. RICHARD JR. 10439 ALTA DRIVE JACKSONVILLE FL 32226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-Secretary Pamela R. Cole 10439 Alta Drive Jacksonville, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HYATT, THOMAS A 10439 ALTA DRIVE JACKSONVILLE FL 32226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-Carol D. Ladson Treasurer 10439 Alta Drive Jacksonville, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAKER, J. RICHARD 10439 ALTA DRIVE JACKSONVILLE FL 32226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** **6-16-00** **904-714-0041**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #