
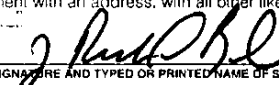


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90088 029 ***158.75

| | | | | | |
|---|---|---------------------|---|---|--|
| DOCUMENT # H89374 1. Entity Name BAKER CONSTRUCTION CORPORATION | | | |  | |
| Principal Place of Business 10439 ALTA DRIVE JACKSONVILLE, FL 32226 US | | | Mailing Address 10439 ALTA DRIVE JACKSONVILLE, FL 32226 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO BAKER, RICHARD J JR. 10439 ALTA DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer/CFO SPILMAN, KATHERINE W. 10439 ALTA DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP HYATT, THOMAS A 10439 ALTA DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HINSON, LAURA 10439 ALTA DRIVE JACKSONVILLE, FL 32226 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HICKS, LORI E 10439 ALTA DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JOHNS, RICHARD H II 10439 ALTA DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DUPUIS, MICHAEL D II 10439 ALTA DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SUTTON, MIKE 10439 ALTA DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | RICHARD J. BAKER, JR 3/10/05 Date 904-714-0041 | | |

50033322



03082005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2715840

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

FL Zip Code

☒ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition