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

CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:51

DOCUMENT # H98900 (4)

1. Corporation Name
BAIE'S PRINTING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 174A SEMORAN COMMERCE PL. #113<br>APOPKA FL 32703 | 174A SEMORAN COMMERCE PL. #113<br>APOPKA FL 32703 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1986
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2664243 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BAIE, TERRY B.
830 BLACKLAND TERE #202
APOPKA 32703

10. Name and Address of New Registered Agent

81 Name: Terry B. Baie
82 Street Address (P.O. Box Number is Not Acceptable): 1144 N. Old Mill Drive
83:
84 City: Deltona FL 85 Zip Code: 32725

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: _____ DATE: 15 Jan 95
Signature of an officer or director if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BAIE, SUSAN A. | 1.2 NAME | | |
| STREET ADDRESS | 1144 N. OLD MILL DR. | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELTONA FL | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BAIE, TERRY B. | 2.2 NAME | | |
| STREET ADDRESS | 114 N. OLD MILL DR. | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELTONA FL | 2.4 CITY-ST-ZIP | | |
| TITLE | ST | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BAIE, SUSAN A. | 3.2 NAME | | |
| STREET ADDRESS | 1144 N. OLD MILL DR. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELTONA FL | 3.4 CITY-ST-ZIP | | |
| TITLE | V | 4.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | BAIE-PIERCE, LISA M. | 4.2 NAME | Baie, Lisa M. | |
| STREET ADDRESS | 115 N. OAK AVE. | 4.3 STREET ADDRESS | 1144 N. Old Mill Dr. | |
| CITY-ST-ZIP | ORANGE CITY FL | 4.4 CITY-ST-ZIP | Deltona, FL 32725 | |
| TITLE | V | 5.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | BAIE, STEVEN B. | 5.2 NAME | Baie, Steven B. | |
| STREET ADDRESS | 2697 NEWMARK DRIVE | 5.3 STREET ADDRESS | 1083 Swanson Dr. | |
| CITY-ST-ZIP | DELTONA FL | 5.4 CITY-ST-ZIP | Deltona, FL 32738 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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 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 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.

**SIGNATURE:** Susan A. Baie, President _____ 1/15/95 _____ 407-884-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038340 CP