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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

17/19/17

141

1. Corporation Name	014241	(-)	
BALDWIN HOMES, IN	C.		
Principal Place of Business	Ma	iling Address	

RALDW	IN HOMES, INC.				
Principal Place o	of Rusiness	Mailing Address		I 19041134 DEST 10041 DIDTO 11011 BIBIT 104	PA MININ BININ MANKA WINNA MININ BININ 1908
1306 WOODCI		1306 WOODCREST A			
SAFETY HARE	3OR FL 34695	safety Harbor Fl	. 34695		the allest Donat
				3. Date Incorporated or Qualified 3. 05/26/1987	3a. Date of Last Report 01/30/1995
		2a. Mailing Address		4. FEI Number	Applied For
2. Principal Plac	ce of Business	26 Vialing Address		59-2808357	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Hequireo
City & State		City & State		6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28 Zip	Country	8. This corporation has liability for inta	
Ζφ 24	25	29	30	Florida Statutes X Yes [
24	9. Name and Address of Currer			10. Name and Address of New Reg	istered Agent
			81 Name		
	n, keven allen		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	DODCREST AVE		83		
SAFETY	HARBOR FL 34695				Tarley, Audie
			84 City		FL 85 Zip Code
12. TITLE	PST	nt and the it and isable ND DIRECTORS DELETE	NOTE: Response Litapen signature response 13. 1.1 THUE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	BALDWIN, KEVIN ALLEN 1306 WOODCREST AVE		1.3 STRSET ADDRESS		
CITY - S1 - 7IP	SAFETY HARBOR FL D	DELETE	2 1 1/1/16	<u></u>	Change Addition
NAME :	BALDWIN, KEVIN ALLEN		2.2 NAME		
STREET ADDRESS	1306 WOODCREST AVE		2.3 STREET ADDRESS		
CITY - ST - ZiP	SAFETY HARBOR FL		2 4 CITY - ST - ZIP		[] Change [] Addition
TITLE		☐ DELETE	3 1 THILE		
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			34 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	4 1 TiTLE		Change [] Addition
NAMI			4 2 NAME		
STREE! ADDRESS			4.3 STREET ADDRESS		
CITY ST-ZIP			4.4 Cil Y - ST - ZiF		Character Children
TIBLE		☐ DELETE	5 1 TITLE		Change (1) Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		F3 DU CT	5 4 CITY - S1 - ZIP		Change Addition
TITLE	ŀ	DELETE	6 1 1/1LF		□ a. □ ·····
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ACOURTESS		
CITY-SI-ZIP	The state of the second	d with this films is voluntarily	64 CITY - ST - ZIP furnished and does not qualify	for the exemption stated in Section 119.0	7(3)(k), Florida Statutes I further

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)(k). 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR