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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

Mailing Address

FARMER & BAKER ARCHITECTS, INC.

**FILED** May 04 1998 8:00am Secretary of State



801 S. LAKE DESTINY RD., SUITE 170 P.O. BOX 941034 MAITLAND FL 32794-8034		601 S. LAKE DESTINY RD P.O. BOX 941034 MAITLAND FL 32794-8034			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					06/16/1987		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			59-2846026	No	ot Applicable
Suite, Apt.	#, etc.	Suito, Apt. #, etc.	Suito, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State	h5		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added	, ,
23 <u>SUT</u> Zip	Country	28 34 17 - 7p	Country	· <del>-</del> ·	8. This corporation owes or has paid the		
24	25		30		Personal Property Tax due June 30.		No
(44)	9. Name and Address of Curr		30		10. Name and Address of New Registere		
EA	RMER, DANIEL H.		81 N	lame			
		n					
601 SOUTH LAKE DESTINY ROAD MAITLAND FL 32751				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
				ity	F		Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida Statute ite of Florida Such change was a ligations of, Section 607.0505, Flo	es, the above-na uthorized by the rida Statutes.	amed corp e corporai	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing it oppointment as	ts registered registered
SIGNATURE							
01011110112	Signature, typed or printed name of registered			gnature requi	ired when rainstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	Farmer, Daniel H.		1.2 NAME				
STREET ADDRESS	2301 ORCHARD DRIVE		1.3 STREET ADD	RESS			
CITY-ST-ZIP	APOPKA FL		1.4 CITY - S1 - ZI	P			
TITLE	V	☐ DELETE	2.1 TITLE			Change	Addition
NAME	BAKER, TIMOTHY R		2.2 NAME				
STREET ADDRESS	\$11 WOODLAWN BLVD.		2.3 STREET ADD	RESS			
CITY-ST-ZIP	ORLANDO FL 32801		2. 4 CITY - ST - Z	IP .			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADD	RESS			
CITY-ST-ZIP			3.4. CITY - ST - Z	IP			]
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE1 ADD	RESS			
CITY-ST-ZIP			4.4 CITY - ST - ZI	1			
TITLE		DELETE	5.1 TITLE	<del>-  </del>		Change	Addition
NAME			5.2 NAME				-
			5.3 STREET ADD	IBESS			
STREET ADDRESS				l i			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZI 6.1 TITLE	r		Change	Addition
TITLE		_ Section		ļ		Orango	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	- 1			
CITY-ST-ZIP			6.4 CITY - ST - ZI	Р			

I hereby certify that the information supplied with this lung 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 state 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 received in 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 address.