

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
CORPORATIONS

DOCUMENT # **J85552**
GARY BAKER POOL SERVICE, INC.

(4)

95 MAY - 1 PM 2:11

Principal Office: 5340 BENEVA WOODS CIR SARASOTA FL 34233
 Mailing Address: 5340 BENEVA WOODS CIR SARASOTA FL 34233

2. Filing Date of Report	2a. Mailing Address	3. Date of Incorporation (or Change)	3a. Date of Last Report
21	26	07/28/1987	08/09/1994
22. State App # of	27. State App # of	4. FID Number	Advised for / Not Applicable
22	27	59-2844413	
23. City, State	28. City, State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. State	25. State	29. State	30. State
24	25	29	30
6. Election Campaign Financing / Trust Fund Contribution		\$5.00 May Be Added to Fees	
7. For corporations not eligible for registration under 190.01(1)(b), Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWARD, ELLEN 2975A BEE RIDGE ROAD SARASOTA FL 33579	B1. Name B2. Street Address (P.O. Box Number, if Applicable) B3. B4. City, State
	FL B5. Zip Code

11. The signatory for this report is of legal age, not incompetent, not a minor, and not a Florida delinquent. The above named corporation is duly organized for the purposes of carrying its registered office in the State of Florida and its reports were published by the corporation's board of directors. The signatory is duly appointed as registered agent. I am familiar with and approve the organization of the corporation. Florida Statute 190.01(1)(b).

SIGNATURE: *Gary Baker* GARY BAKER President 4-28-95

12. ADDITIONAL REGISTERED AGENTS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: PD BAKER, GARY 5340 BENEVA WOODS CIR. SARASOTA FL	Change / Addition
NAME:	Change / Addition
NAME:	Change / Addition
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14. I declare to verify that the information supplied with this report is voluntarily furnished and clearly qualify for the exemption stated in Section 190.01(1)(b), Florida Statutes. I further certify that the information included 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. This certificate of filing for the corporation of the business organization is provided to you as requested by Chapter 100, Florida Statutes, and that my name appears on the Florida State Register as an attachment with an address.

SIGNATURE: *Gary Baker* 5-11-95 83245109
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR